

# NONDISCRIMINATION TESTING SERVICES EMPLOYER APPLICATION



## SECTION 1 – COMPANY INFORMATION:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Full and complete legal business name)*

Street: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Taxpayer Identification Number: \_\_\_\_\_

### Type of Entity:

- |  |  |
|--|--|
| <input type="checkbox"/> C CORPORATION                 | <input type="checkbox"/> S CORPORATION   |
| <input type="checkbox"/> NON-PROFIT                    | <input type="checkbox"/> SOLE PROPRIETORSHIP   |
| <input type="checkbox"/> LIMITED LIABILITY CORPORATION | <input type="checkbox"/> PARTNERSHIP   |
| <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | <input type="checkbox"/> UNION   |
| <input type="checkbox"/> GOVERNMENTAL AGENCY           |  |
| <input type="checkbox"/> OTHER: _____                  | <i>Name of the representative of the parties who established or maintain the Plan:</i> _____ |

## SECTION 2 – CONTACT INFORMATION:

**Primary Contact:** (For contact regarding contracts, legal documents, daily administration, invoicing and plan renewal)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Additional day-to-day contact if applicable:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Lead Broker/Consultant Contact:**

Broker/Consultant Name: \_\_\_\_\_ General Agent: \_\_\_\_\_

Broker/Consultant Contact Phone: \_\_\_\_\_

Broker/Consultant Contact Email: \_\_\_\_\_

**SECTION 3 – PLAN INFORMATION:**

Number of all employees \_\_\_\_\_

**Cafeteria Plan Tests for Premium Only Plan**

Plan year dates \_\_\_\_\_ to \_\_\_\_\_

**Preliminary Test**       **Plan Year End Test**

**Health FSA Tests**

Plan year dates \_\_\_\_\_ to \_\_\_\_\_

**Preliminary Test**       **Plan Year End Test**

**Dependent Care Tests**

Plan year dates \_\_\_\_\_ to \_\_\_\_\_

**Preliminary Test**       **Plan Year End Test**

**HRA Tests**

Plan year dates \_\_\_\_\_ to \_\_\_\_\_

**Preliminary Test**       **Plan Year End Test**

**Expanded Cafeteria Plan Tests (Bundled); (includes Cafeteria Plan, Dependent Care, and Health FSA tests above)**

Plan year dates \_\_\_\_\_ to \_\_\_\_\_

**Preliminary Test**       **Plan Year End Test**

**Comprehensive Tests (Bundled); (includes Cafeteria Plan, Dependent Care, Health FSA, and HRA tests above)**

Plan year dates \_\_\_\_\_ to \_\_\_\_\_

**Preliminary Test**       **Plan Year End Test**

**Self Insured Medical Plan Tests**

Plan year dates \_\_\_\_\_ to \_\_\_\_\_

**Preliminary Test**

**Plan Year End Test**

## EMPLOYER FEES PAID TO STERLING

**If fee will be paid through a bank ACH, please provide:**

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

## APPLICATION AGREEMENT / SIGNATURE

We, the undersigned employer, affirm the accuracy of this application and acknowledge that this application can be relied upon for the preparation of the Nondiscrimination Testing Services with Sterling and may be used in preparation of the Summary Plan Description and/or Plan Document. We also agree to indemnify Sterling and hold Sterling harmless against any and all loss, damage or lawsuits brought against Sterling to recover benefits under the plan, unless such actions arise out of the willful act or negligence of Sterling.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Employer: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

## SUBMISSION INSTRUCTIONS

Send the completed Nondiscrimination Testing Employer Application along with ACH information, a check or instructions for invoicing. Please note that Sterling will not begin work on any applications until payment is received. You may send the application to:

**Email:** customer.service@sterlingadministration.com

**Fax:** 888.410.7361

**Mail:** P.O. Box 71107, Oakland, CA 94612

### **Due Date:**

Upon receipt of the completed Employer Application, you will be provided with an Excel spreadsheet template that you will need to complete in order for us to run your tests.

Keep in mind that your Plan must pass the required nondiscrimination testing as of the last day of the Plan Year according to the IRS regulations governing this Plan. In order to meet your deadlines, we must receive all necessary data to perform the testing at least 15 Business Days prior to the last day of the plan year.