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FORM 5500 FILING SERVICE APPLICATION & WORKSHEET

SECTION 1 - EMPLOYER INFORMATION

Company Name: _____

(Full and complete legal business name)

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Employer's Tax ID Number: _____

SECTION 2 - EMPLOYER INFORMATION

Primary Contact:

Name _____ Title: _____

Phone: _____ Email: _____

Additional day-to-day Contact if applicable:

Name _____ Title: _____

Phone: _____ Email: _____

Lead Broker/Consultant Contact

Name _____ Firm Name: _____

Phone: _____ Email: _____

General Agent Contact:

Name _____ Firm Name: _____

Phone: _____ Email: _____

The prepared Form 5500 will be sent to the Primary contact with a cc: to the broker and GA as shown above unless directed otherwise here:

Name _____ Email: _____

Name _____ Email: _____

Name _____ Email: _____

The invoice (if applicable) for the Form 5500 services should be sent to:

Name _____ Email: _____

Name _____ Email: _____

Name _____ Email: _____

Individual responsible for payment of the invoice (if applicable):

Name _____ Email: _____

Individual signing the prepared Form 5500 as the Plan Administrator: _____
(Required - Most often, the Plan Administrator is the same as the Employer/Plan Sponsor)

Individual signing the prepared Form 5500 as the Employer/Plan Sponsor: _____
(When the Plan Administrator is the same as the Employer/Plan Sponsor, a signature of the Employer/Plan Sponsor is acceptable yet not necessary.)

Individual's name to appear on the Summary Annual Report: _____
(The Summary Annual Report is a narrative version of the Form 5500 and is distributed to all enrolled employees.)

Phone number to appear on the prepared Form 5500 and Summary Annual Report: _____

Form 5500 Submission Options:

Sterling will file electronically on behalf of the employer. (Sterling will provide a the Form 5500 and an Authorization to eFile to be signed and returned. Upon submission, Sterling will provide a confirmation report.)

Employer will file electronically directly with the Department of Labor. Please note: In order to do so, the employer must have EFAST credentials currently in place. (Sterling will provide the Form 5500 via a secure portal by which the employer will sign electronically and submit directly to the DOL.)

SECTION 3 - ANNUAL REPORT IDENTIFICATION INFORMATION

Plan Year begin date: _____ Plan Year end date: _____

TYPE OF PLAN

- Single-Employer Plan (Controlled groups file as a single-employer plan. Sterling does not provide Form 5500 services for multi-employer or multiple-employer plans at this time.)

TYPE OF RETURN/REPORT FILING

Select All That Apply. If None Apply, Select N/A.

- First Report (this is the first year filing for the Plan.)
- Amended Report (Correction or changes are being made to current or previous filings.)
- Final Report (The Plan is being retired and will no longer be in use.)
- Short Plan Year Report (The Plan Year was less than 12 months.)
- N/A

Is the Plan a collectively-bargained Plan?

- Yes No

Indicate any applicable extensions being used for the Plan Year

- IRS Form 5558 Extension (A one-time 2.5 month extension has/will be filed for this Plan.)
- An extension has already been filed. (If Sterling did not file the extension, please attach a copy of the completed Extension of Time form.)
- Sterling will file an extension. (Form 5500 packages submitted to Sterling and/or requiring additional information with less than 60 days prior to the filing deadline will require an extension.)
- Automatic Extension (Applicable in certain scenarios where the employer's tax year and Plan Year are the same and an extension has been granted to file the federal income tax return.)
- Special Extension (Applicable in certain Presidentially declared disasters.)
- N/A

Plan Year is being filed via the Delinquent Filer Voluntary Compliance (DFVC) Program

(Facilitates filing of delinquent reports by permitting reduced civil penalties for voluntarily complying with reporting obligations.)

- Yes No

SECTION 4 - BASIC PLAN INFORMATION

Name of Plan: _____

Plan Number: _____ Original Effective Date of Plan: _____
(Three digit number 501 or higher.) (This is the initial inception date of the Plan.)

Employer IRS Business Code: _____
(Six digit code that best describes the nature of the employer's business. The code may be obtained in the IRS Form 5500 instructions online [here](#).)

COMPLETE ONLY IF THERE HAS BEEN A CHANGE SINCE THE LAST REPORT. If the name and/or EIN of the Plan Sponsor or the Plan Name has changed since this last report filed for the Plan, enter the following information from the last report:

Sponsor's Name: _____

Plan Name _____

Employer Identification Number (EIN): _____ Plan Number: _____

STATUS OF ERISA WRAP PLAN

One of the important functions of an ERISA Wrap Plan is the availability to file a Form 5500 as a consolidated report and attach multiple Schedule As for the underlying benefits being provided. In the absence of a Wrap Plan, each Schedule A must be filed as a separate Form 5500 as a unique Plan Name and Plan Number. Keep in mind that each Form 5500 must be submitted as a separate application for services and will incur the corresponding Sterling fee. Please advise of your current ERISA Wrap Plan status.

- No Wrap Plan in place. Each Schedule A will be filed as a separate Form 5500 report.
- ERISA Wrap Plan in place with Sterling.
- ERISA Wrap Plan in place with another vendor. Please attach a copy of your ERISA Wrap Plan documents which include the following minimum information: Plan Name, Plan Number, Plan Year and original effective date.

Plan Administrator's name and address

(The term "plan administrator" means the person or group of persons specified as the administrator by the Plan Document or plan sponsor/employer if an administrator is not so designated.)

- Same as Employer/Plan Sponsor

Company Name: _____

Company Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Employer Identification Number (EIN): _____

**Applicable feature codes from the List of Plan Characteristic Codes below
(check all that apply):**

CODE	WELFARE BENEFIT FEATURES	FULLY INSURED (Schedule A report req.)	SELF INSURED (No Schedule A req.)
<input type="checkbox"/>	4A Health (other than vision or dental).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4B Life insurance.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4C Supplemental unemployment.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4D Dental.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4E Vision.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4F Temporary disability (accident and sickness).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4G Prepaid legal.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4H Long-term disability.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4I Severance pay.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4J Apprenticeship and training.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4K Scholarship (funded).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4L Death benefits (include travel accident but not life insurance).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4P Taft-Hartley Financial Assistance for Employee Housing Expenses.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4Q Other. please describe.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4R A Plan that will not file a report for the next Plan Year as there were less than 100 employees enrolled on the first day of the Plan Year.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4S A Plan that stopped filing reports in an earlier Plan Year as there were less than 100 employees enrolled on the first day of the Plan Year. This is the first year since with 100 or more employees enrolled on the first day of the Plan Year.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4T 10 or more employer plan under Code section 419A(f)(6).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4U Collectively-bargained welfare benefit arrangement under Code section 419A(f)(5).	<input type="checkbox"/>	<input type="checkbox"/>

Plan Funding Arrangement (check all boxes that apply):

(Method for the receipt, holding, investment and transmittal of plan assets prior to the time the plan actually provides benefits.)

- Insurance General Assets of the Sponsor

(Sterling does not provide Form 5500 services for the Plans that are funded via a trust at this time.)

Plan Benefit Arrangement (check all that apply):

(Method by which the plan provides benefits to participants.)

- Insurance General Assets of the Sponsor

(Sterling does not provide Form 5500 services for the Plans that provide benefits via a trust at this time.)

SECTION 5 – PLAN PARTICIPATION INFORMATION:

The below participation is based on employees only. Do not include dependents in your calculation. If there is a Wrap Plan in place, the number of employees is based on the total enrollment overall, not per policy. Counting each employee only once, how many are enrolled in one or more of the underlying policies being reported by each Form 5500.

Number of employees enrolled as of the first day of the Plan Year: _____
(includes covered active, retired, separated and COBRA employees.)

Number of active employees enrolled as of the first day of the Plan Year: _____

Number of active employees enrolled as of the last day of the Plan Year: _____

Number of other retired or separated employees (including COBRA) enrolled as of the last day of the Plan Year: _____

Number of retired or separated employees covered by the Plan and who are entitled to begin receiving benefits under the Plan in the future (including those who are eligible for COBRA) as of the last day of the Plan Year: _____

Number of employees enrolled as of the first day of the NEXT Plan Year: _____
(includes covered active, retired, separated and COBRA employees.)

If your Plan had less than 100 employees enrolled on the first day of the NEXT Plan Year, you will not need to file a Form 5500 next year and it must be indicated on this Plan Year's filing by selecting Welfare Benefit Code 4R in the Plan Characteristic Codes chart on the previous page.

SUBMISSION INSTRUCTIONS:

SEND THE COMPLETED FORM 5500 FILING APPLICATION & WORKSHEET ALONG WITH ALL SCHEDULE A DOCUMENTS TO YOUR STERLING SALES REPRESENTATIVE OR ACCOUNT MANAGER.

DUE DATE

The Form 5500 is due to the Department of Labor on the last day of the month seven months after the last day of the Plan Year. For example, the form 5500 for a Plan ending December 31st is due the following July 31st.

Please submit the completed Form 5500 application and worksheet, along with all carrier Schedule A reports, 60 days prior to the 5500 due date. For example, the application for a 5500 due 7/31 must be received by Sterling 5/31.

LATE SUBMISSIONS

Form 5500 filing application & worksheet packages submitted to Sterling after the applicable due date will trigger an automatic filing of Form 5558 Extension of Time.

INVOICING & ACH SET-UP

Payment of the initial fee must be received by Sterling to finalize processing. To pay your initial fee invoice for this service, Sterling Administration will initiate debit entries from the account you list below. By providing the information below, you are authorizing Sterling Administration and/or Bancorp Bank (debit card processor) to initiate entries to your checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. All entries are related to this service your company has established with Sterling Administration. This authority will remain in effect until Sterling Administration is notified by you in writing to cancel it in such time as to afford Sterling Administration and the financial institution named below a reasonable opportunity to act on it. You must attach a copy of a voided check to this application as part of this process:

Financial Institution Name: _____

Financial Institution Routing Number: _____

Account Name for Debits to Pay for this Service: _____

APPLICATION AGREEMENT / SIGNATURE

We, the undersigned employer, affirm the accuracy of the information we have provided on this application and further affirm that such information may be relied upon for the preparation of this service by Sterling Administration and may be used for other related purposes. We also agree to indemnify and hold harmless Sterling Administration and its officers, directors, employees and agents (each of the foregoing hereinafter referred to as an "indemnified party") from and against any and all actions, liabilities, claim, suits, damages, liens, judgments, losses, fines, penalties, costs, and expenses (including attorneys' fees) arising out of or from the indemnified party's services in connection with the preparation of this service.

We also acknowledge that we have received and reviewed the Administrative Services Agreement provided with this application.

Form Completed By: _____

Name (Print): _____

Date: _____ Phone: _____ Fax: _____

Signature: _____