

IBIS 125-Flex *Advantage* Plan Company Data Gathering Form-2010 Renewal

Return to: 105/125 Department
800.258.1415 phone
515.286.4244 fax

Iowa Bankers Insurance & Services, Inc
PO Box 6210
Johnston, IA 50131

Employer Name/Location	Billing/Routing Number
Contact Person/Benefit Coordinator	Address
PO Box	City/State/Zip
Phone Number/Fax Number	Email Address

Contribution Limits: Please check the benefits your 125 plan offers and indicate the maximum for each benefit.

	Benefit	Description	Annual Maximum Allowed Benefit
<input type="checkbox"/>	MedFSA	Medical Flex Spending Account- Uncovered medical expenses	
<input type="checkbox"/>	DCAP	Dependent Care, IRS maximum is: \$5000 married filing joint or single head of household or \$2500 if married filing separate	
<input type="checkbox"/>	LFSA	Limited Scope FSA is for employees and/or a spouse with an HSA, covers only dental and vision expenses	
<input type="checkbox"/>	Group Premiums	Group health/dental/vision, Set by your Plan Doc. Insurance Coverage	Set by Plan Doc
<input type="checkbox"/>	Other Premiums	Individual/Supplemental Insurance (cancer/accident)	Set by Plan Doc

Employer Contribution: Complete this section only if the employer makes a contribution to your employees' 125 plan.

As an employer, we make a contribution to our employees' flex plan other than group health and/or dental premiums and allow employees to elect any of the following: MedFSA DCAP LFSA or other individual and/or supplemental premiums.

Select one of the following options:

Option 1. Each participant receives \$_____ per (check one) pay period month year

The contribution is: Prefunded for the year Funded per pay period

Option 2. A participant must meet certain criteria to receive the employer flex contribution. Please indicate the criteria below:
(If you cannot provide the information at this time, please submit the form now and provide the list of participants/
contributions as soon as it is available.)

The contribution is: Prefunded for the year Funded per pay period

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Revised 8/09

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Employer Contribution (continued)

Option 2: Please provide a list of participants and the dollar amount of the employer contribution they will receive.

Participant	Contribution	Participant	Contribution

Payroll Calendar: Please circle the payroll dates you will take 125 deductions on the 2010 calendar(s) below.

1. Only circle the dates you will take 125 deductions. For example, if you have 26 pay periods, but only take 125 deductions on 24 pay periods, circle only 24 dates.
2. If you have more than one pay schedule (for example, one for hourly and one for salaried employees or one bi-weekly and one monthly schedule), you must complete a calendar for each pay schedule in which you have participants. Please attach a list of the employees that go with each payroll schedule.
3. If you have specific payroll dates each month (for example, the 1st and the 15th) and a payroll date falls on a weekend, be sure to adjust the date on the calendar, if necessary.
4. Be sure to adjust payroll dates for holidays; do not indicate a payroll date on a holiday.

Payroll Schedule 1

- Weekly (52) Semi-monthly (24)
 Bi-weekly (26) Monthly (12)

2010

JANUARY S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24/31 25 26 27 28 29 30	FEBRUARY S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	MARCH S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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Payroll Schedule 2

- Weekly (52) Semi-monthly (24)
 Bi-weekly (26) Monthly (12)

2010

JANUARY S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24/31 25 26 27 28 29 30	FEBRUARY S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	MARCH S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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