

# GHS ERISA Plan Worksheet

1. Company Legal Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Federal Tax ID#: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Contact Person/Title: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
7. Company is: Corporation \_\_\_\_\_ Sole \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
State of Incorporation: \_\_\_\_\_ Company Fiscal Year End? \_\_\_\_\_  
Other specify: \_\_\_\_\_
8. Company is Interstate Motor Carrier for Hire? \_\_\_\_\_ (Yes or No)  
Company is required to comply with TDOT limits? \_\_\_\_\_ (Yes or No)
9. Number of covered employees: \_\_\_\_\_ Do you need SPD's in Spanish \_\_\_\_\_ (Yes or No)  
Union employees covered? \_\_\_\_\_ (Yes or No)
10. Are affiliated or subsidiary companies covered? \_\_\_\_\_ (Yes or No)  
% \_\_\_\_\_ Common Ownership  
(Attach additional sheets showing all above information for each, with % of common ownership.)
11. Name/Address of person to be named Plan Administrator. (A position of Trust)  
Administrator Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
12. Do you currently have any employee welfare benefit plan in place which is governed by ERISA. (I.E. Group Health Insurance)? \_\_\_\_\_ (Yes/No)  
If Yes, Plan I.D. Number(s): \_\_\_\_\_  
Describe plan(s): \_\_\_\_\_  
\_\_\_\_\_