

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): _____
