Employer Information

AMERICAN MUTUAL BENEFITS

P.O. Box 1103
Cheyenne, WY 82003
Bus: 888-884-4080
Fax: 888-884-4085
amb@ambnow.com

Instructions: Please complete the appropriate sections of this application and give it to your AMB Representative, fax, or mail it to the address above, along with the appropriate fees. Please type or print clearly.

Plan Type: Medical Cafeteria Plan and a Flexible Spending Plan (FSA) for dependent care.

Employer Information

Employer Name			
Address			
City		State	Zip
Phone	Fax	Federal EIN/TIN	
email address:	Type of Business Structure ○ Sole Proprietor ○ S Corporation ○ LLC ○ Partnership ○ C Corporation ○ Trust		

Company Contact Names

President / Owner	Email address/phone
Plan Administration/Contact, Title	Email address/phone
Personnel, Title	Email address/phone
Payroll, Title	Email address/phone

Plan Information - Complete only if setting up a new plan

The plan name will be your company's name followed by the words, Cafeteria plan. If your companies name was XYZ Corporation then the plan name would be: XYZ Corporation Cafereteria Plan

Starting Date of Plan	Ending Date of Plan Year		Plan Number
	Dec 31	**After Dec 31 of the first year the plan year will follow the calendar year.**	505

Qualified Premiums

○ Health Insurance ○ Group Term Life ○ Dental Insurance
○ Vision Insurance ○ Supplemental Medical ○ Other_____

Account Information

Medical Plan	**Dependent Care Account**
Waiting Period ○ **Immediate** ○ Other _____	Waiting Period ○ **Immediate** ○ Other _____
Maximum Annual Benefit For Premium Account **See Health Plan Document(s)**	Maximum Annual Dependent Care Account Contribution **$5,000.00**
Entry Date for Plan: Upon Satisifying EligibilityRequirements	Entry Date for Plan: Upon Satisifying EligibilityRequirements
Monthly fees paid by:	Monthly fees paid by:
$5 **admin** fee per participant ○ **Employee** ○ Employer **Processing fees are equally paid by employer and employee.**	Monthly $5 per participant ○ **Employee** ○ **Employer (usually paid by employee)**

Provider of Information	**Broker**

Note: **Bold type** indicates common or default choice.