



ERISA 403(b) Compliance & Administration Plan Data Form

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1 Plan Sponsor

Employer Legal Name

Employer Mailing Address, City, State, Zip Code

Contact Person(s)

Phone Number

Fax Number

Email Address

Company EIN

Merger/Acquisition/Controlled Group

**** Please include effective date and EIN # ****

Weekly Every Two Weeks Semi-Monthly Monthly Other

Payroll Cycle

Next Pay Date

University / College 501(c)(3) Organization Church (or Church Related) Other

Employer Type

Principal Business Activity

Legal Plan Name

IRS Plan #

Trustee(s)/Authorized Signer(s)

Original Plan Effective Date

Amendment/Restate-
ment Effective Date

Fiscal Year End

Plan Year End

NBS Administration Start Date

2 Advisor, CPA, Attorney

Name Of Investment Advisor

Broker Dealer

Advisor Phone

Fax Number

Email Address

CPA Name

Phone Number

Email Address

Attorney Name

Phone Number

Email Address

3 Takeover Information

Current Investment Provider(s)

Current Investment Provider(s) Contact Information

Prior TPA

Prior TPA Contact Information

Plan Document and Summary Plan Description Prior Year 5500

Takeover Items Needed

4 New Investment Provider Information

Name of New Investment Provider

Enrollment Meeting Date

Number of Enrollment Kits Needed

Design Checklist



5 Contribution Type(s) Allowed

- Pre-tax Employee Deferral Roth Employee Deferral Roth Start Date: _____
 Employer Match: Discretionary Fixed Other, specify: _____
 Employer Nonelective: Discretionary Fixed Other, specify: _____
 Time period for Employer Contribution: Plan year Quarterly Per Pay Period Other, specify: _____

6 Eligibility – Employer Contributions & Allocations

- Employer Match: Same as Employee Deferral (eligible upon date of hire) Yes No
 Service Requirement: 12 Months & 1,000 hours 6 Months 3 Months 1 Month None
 Minimum Age: 21 Other: _____ Entry Dates: Semi-annually Quarterly Monthly Daily
 Allocation Requirements (do not apply to Safe Harbor): Last day of service 1,000 hours n/a

- Employer Nonelective: Same as Employer Match: Yes No
 Service Requirement: 12 Months & 1,000 hours 6 Months 3 Months 1 Month None
 Minimum Age: 21 Other: _____ Entry Dates: Semi-annually Quarterly Monthly Daily
 Allocation Requirements (do not apply to Safe Harbor): Last day of service 1,000 hours n/a
 Allocation Method: Pro rata Incorporation of Contribution Formula Permitted Disparity

7 Excluded Employees Yes (please indicate all excluded Employees below) No

1. Non-Resident Aliens
2. Employees who normally work less than 20 hours per week
3. Student Employees
4. Other Employer Plan. (Employees who are eligible to participate in another Plan of the Employer which is a governmental 457(b) Plan, 401(k) Plan or another 403(b) Plan)
5. Collective Bargaining (Union) Employees
6. Highly Compensated Employees (HCE's)
7. Reclassified Employees
8. Other, describe exclusions: _____

	Employee Contributions	Employer Contributions
1. Non-Resident Aliens	<input type="checkbox"/>	<input type="checkbox"/>
2. Employees who normally work less than 20 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
3. Student Employees	<input type="checkbox"/>	<input type="checkbox"/>
4. Other Employer Plan. (Employees who are eligible to participate in another Plan of the Employer which is a governmental 457(b) Plan, 401(k) Plan or another 403(b) Plan)	<input type="checkbox"/>	<input type="checkbox"/>
5. Collective Bargaining (Union) Employees	NA	<input type="checkbox"/>
6. Highly Compensated Employees (HCE's)	NA	<input type="checkbox"/>
7. Reclassified Employees	NA	<input type="checkbox"/>
8. Other, describe exclusions: _____	NA	<input type="checkbox"/>

8 Vesting (The percent of Company contributions that will go to a terminated employee based on years of service)

<input type="checkbox"/> Sample 1	<input type="checkbox"/> Sample 2	<input type="checkbox"/> Sample 3	<input type="checkbox"/> Sample 4	<input type="checkbox"/> Sample 5	<input type="checkbox"/> Other
Year 1 0%	Year 1 20%	Year 1 25%	Year 1 0%	100%	Year 1 _____%
Year 2 20%	Year 2 40%	Year 2 50%	Year 2 0%	Immediate	Year 2 _____%
Year 3 40%	Year 3 60%	Year 3 75%	Year 3 100%		Year 3 _____%
Year 4 60%	Year 4 80%	Year 4 100%			Year 4 _____%
Year 5 80%	Year 5 100%				Year 5 _____%
Year 6 100%					Year 6 _____%

Exclude Service prior to: Age 18 Effective date of plan No Exclusions

9 Forfeitures (Money left by terminated participants)

- Used to reduce employer contributions Pay plan expenses Credit to all eligible employees n/a

Design Checklist (continued)



10 Miscellaneous Provisions

Yes No

Loans Permitted

(Note: The loan provision is popular, but may increase your administrative duties)

Yes No

Hardships Permitted

Yes No

In-Plan Roth Rollover Permitted

Effective Date:
(No earlier than 1/1/2011)

Yes No

Rollovers Permitted

Yes No

Age 50 Catch-up Contributions Permitted

65 Other:

Normal Retirement Age

Yes No

15 Years Of Service Catch-up Contributions Permitted

11 Qualified Default Investment Alternative (QDIA)

Is there a Qualified Default Investment Alternative: Yes No QDIA Name: _____

Will there be a QDIA Enrollment: Yes No

12 Other Options

Safe Harbor match immediate vesting: \$1 per \$1 to 3% + \$0.50 per \$1 next 2% \$1 per \$1 to 4% 3% Nonelective N/A

Safe Harbor matching contribution funded: Each payroll Quarterly Annually

Automatic enrollment: Yes No Default percentage: _____% Automatic Escalation: Yes No up to _____%

If yes, apply automatic enrollment to the following: Participants with no existing election on file (default) All participants
 Participants with % below auto enrollment % Newly eligible participants only

Exclude compensation: No exclusions Prior to participation Bonus Other _____

13 Fee Schedule Details

Plan Document Fee \$ _____ Annual Administration Fee \$ _____

Takeover Fee \$ _____ Annual Participant Fee \$ _____

NBS Fee Schedule: _____ Fees Paid From Plan Assets \$ _____ or _____ bps

Notes on Fees: _____

14 Changes to existing Plan Document/Summary Plan Description (SPD)

15 Additional Notes (Special provisions such as adopting employers, grandfather provisions, etc.)

- Plan design consultation
- Preparation of plan documents
- Compliance testing
- Completion of annual Form 5500 and all related schedules

- Summary Annual Report
- Administrative support for plan sponsors and fiduciaries
- Assistance in ongoing compliance with pension law
- Website Q&A, forms, presentations, etc

**For more information on our services, proposals and fee quotes,
please contact us or visit our website.
www.NBSbenefits.com**

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