



5500 REQUEST FORM

FSA and HRA

Instructions: Submit this completed Renewal Form via email to Compliance@basiconline.com

CLIENT/CONTACT INFORMATION

Contact First Name:		MI:		Contact Last Name:		
Client/Company Name:				Client ID #:		
Contact Email Address:				EIN #:		
Primary Phone #:				Fax Phone #:		
Primary Plan Address:	Address Line 1:				Ste:	
	Address Line 2:					
	City:					
	State:		ZIP/Postal Code:		+4	N/A

FILING INFORMATION

1	Filing/ Plan Year Format: MM/DD/YYYY	For Plan Year, use dates/information for Plan Year just ended. <i>(Prior or past filings require additional penalties and fees, please contact Compliance@basiconline.com)</i> Start Date: ___/___/___ End Date: ___/___/___
2	___/___/___ (MM/DD/YYYY)	Today's date. Due to the possibility of IRS penalties, time is of the essence for IRS Form 5500 filing, and your filing deadline is seven months from the end of the Plan Year. As soon as your Plan Year ends, please complete and return this information via email to Compliance@basiconline.com . Your failure to do so within 45 days of the 5500 deadline means you will be completing the filing yourself, and as such assume all penalties associated with the filing.
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a single employer plan?
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your first IRS Form 5500 filing for a Section 125/FSA Benefit Plan? If no , continue to #5. If yes, skip to #6.
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did someone other than BASIC complete last year's IRS Form 5500 Form? If yes , please attach a copy of that filing to this Data Request Form.
6	___/___/___	Original inception date of your FSA Benefit Plan. (Format: MM/DD/YYYY)
7a	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your FSA Benefit Plan terminate this year?
7b	___/___/___	7a. If yes , on what date? (Format: MM/DD/YYYY)
8		Total number of participating employees at the beginning of the Plan Year.
9		Total number of participating employees at the end of the Plan Year.
10		Total number of retired or separated Participants receiving this benefit.
11		Six-digit, SIC principal business activity code. Refer to Schedule K on Corp. return; the Instructions can be found on the DOL Website: https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500 Click on the form 5500 Instructions and refer to the business activity codes at the end of the document.
12		Three-digit IRS number assigned by employer to the Plan. Your welfare/fringe benefit plans must begin with a 500 series. Do not indicate your BASIC assigned group number and do not re-use a number previously assigned to another welfare benefit. If applicable, you may refer to last year's Form 5500 for this number.
13	Who will be the authorized signer of the form 5500? Full Name: _____ Email: _____	