

# Plan Evaluation Survey

Company Name: \_\_\_\_\_

PEO Name: \_\_\_\_\_

Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Tax I.D. (EIN #): \_\_\_\_\_ Client Number: \_\_\_\_\_

Plan Year: \_\_\_\_\_

Your Primary 401(k) Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Company Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

New Client  Existing Client  Prospective Client

Did your company have a 401(k) Plan during the prior year?  Yes  No

If yes, was the plan Top-Heavy during the prior year?  Yes  No

Does your company have an existing retirement savings plan?  Yes  No

## Identify Highly Compensated Employees: (Total Must Equal 100%)

(A) Identify all company owners:

\_\_\_\_\_ % \_\_\_\_\_ %  
\_\_\_\_\_ % \_\_\_\_\_ %

(B) Identify employees who are relatives of individuals who own more than 5% of the company:

Name of Relative:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(C) Identify employees who you paid in excess of \$120,000 in the prior year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(D) Company Officers and Titles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Type of Corporation:

C = C Corp  P = Partnership  LLC = Limited Liability Company  501(c)3 Non-Profit  S = S Corp.  SP = Sole Prop.

*Please report any future changes of ownership to Slavic immediately.*

Date of Your Company's Incorporation: \_\_\_\_\_  Fiscal Year \_\_\_\_\_  Calendar Year \_\_\_\_\_

Number of Part-Time Employees: \_\_\_\_\_ Number of Employees over 21: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Gross Payroll Annually: \_\_\_\_\_

Does the payroll include owners?  Yes  No Will any owners participate in Plan?  Yes  No Payroll Frequency: \_\_\_\_\_

Main reason to set up Plan?  Personal Savings  Reduce Turnover  Competitive Requirement  Provide Plan to help employees

## Qualifying Questions for Client Company Owner or Officer: (If you answer *yes* to any of the questions, please provide details.)

Do any owners, spouses or minor children own part of any other business with employees?  Yes  No

Is your company a subsidiary of any other company?  Yes  No

Is the company part of a controlled group of companies?  Yes  No

Has the company ever sponsored a qualified retirement plan?  Yes  No

If yes, the prior plan number (i.e. 001 002) is: \_\_\_\_\_

Does the company currently sponsor a qualified retirement plan?  Yes  No

Does the company have a plan it wants to merge?  Yes  No

Will your company consider participating in the PEO plan by way of a matching and/or profit sharing contribution?  Yes  No

Are there any assets and participants currently in any other qualified retirement plan?  Yes  No

Name of person completing survey

Signature of Owner/Company Officer/Trustee

Date

Title of person completing survey

Email address

Send Completed Forms to:

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