

# 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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