

**American Benefit Services, LLC**  
**Employer Application Form**

FSA      HRA      HSA      POP      COBRA

Legal Name of Company Sponsoring Plan: \_\_\_\_\_

Business Entity Type:  Sole Proprietorship  Partnership  C Corp.  
 Not-for-profit  Limited Liability Co.  S Corp.  
 Government Entity or Church

Principal Business Activity: \_\_\_\_\_ in the state of: \_\_\_\_\_

Federal Tax Id#: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

This Plan will be:

A new plan effective as of \_\_\_\_\_

An amendment and restatement of a previously established plan.

this amendment/restatement will be effective as of \_\_\_\_\_

the effective date of the original plan \_\_\_\_\_

the original plan # was \_\_\_\_\_

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

Pay Frequency: \_\_\_\_\_

Benefits under this plan include:

Medical expenses \$ \_\_\_\_\_

Adult/Child daycare

Health insurance premiums

Dental insurance premiums

Vision insurance premiums

Accidental death

Group-term life insurance

Cancer insurance

\_\_\_\_\_

\_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_