Nondiscrimination Testing Questionnaire

|  |  |
| --- | --- |
| Company Name | Phone |
|  |  |
| Contact Name/Email Address Testing Results Should be Sent To | |
|  | |

# Package selection

Please indicate the testing package you would like to use.

|  |  |  |  |
| --- | --- | --- | --- |
|  | FSA/HSA plan package | | (use testing data template provided) |
|  | FSA/HSA and HRA plan package | | (use testing data template provided) |
|  | HRA plan package | | (contact your Alerus account administrator for updated testing data template) |
|  |  | We do not have any pre-tax deductions on the group medical plan | |

# Employer Entity Verification

Please indicate the type of entity your company current files as.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Corporation |  |  |  |  |
|  | LLC/LLP |  |  |  |  |
|  | Subchapter S corporation |  |  |  |  |
|  | Church/government/non-profit |  |  |  |  |
|  | Partner/sole proprietor |  |  |  |  |

# Plan year

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Calendar plan year |  | | | | |
|  | Non-calendar plan year | Date range: |  | through |  |  |
|  | | *Example: October YYYY through September YYYY*  This information is found in the “general information about your plan” section of your plan document. | | | | |

# highly compensated employee definition

You must select one of the following methods for defining highly compensated employees (HCEs). Only the selected method will be utilized for this testing. HCE status will be determined by the method you select below and the data provided in the testing data template.

|  |  |  |
| --- | --- | --- |
|  | Compensation threshold | Any employee who received compensation in excess of the IRS compensation limit\* for HCEs for the previous tax year. |
|  | Top paid group | *You may only use this option if your 401(k) discrimination testing is using “top paid group” as well.*  Any employee in the top 20% paid group who also received compensation in excess of the IRS compensation limit\* for HCEs for the previous tax year. |

Retesting with HCE definition other than what is selected above is subject to the retesting fee.

\*Compensation limits can be found in the Definition of Terms worksheet on the nondiscrimination testing template.

# Important Participant Restrictions

The following individuals are prohibited from participating in a Section 125 plan.

Shareholders of 2% or more in a subchapter S corporation; as well as their spouse, children, grandchildren, and/or parents

Non-employee owners of sole proprietorships

Partners in a partnership

Members of an LLC, including partners if filing as a partnership or shareholders of 2% or more (and their family members) if filing as an S corporation

If you have prohibited individuals participating in any of the pre-tax benefits in your Section 125 plan, such individuals must be removed from the plan immediately. Please contact your account manager for guidance.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |