



## ADOPTION AGREEMENT POP WORKSHEET

Name of Organization: \_\_\_\_\_

Federal Employer ID Number: \_\_\_ \_\_\_/\_\_\_ \_\_\_ - - - - -

Mailing Address: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

Organization Type: \_\_\_ Corporation \_\_\_ Sub-chapter "S" \_\_\_ Professional Corporation

\_\_\_ Professional Association \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_ Government Agency

\_\_\_ Other \_\_\_\_\_.

The Employer/Organization entity is operating pursuant to the laws of the State of \_\_\_\_\_.

Plan Year: Begins: \_\_\_/\_\_\_/\_\_\_ Ends: \_\_\_/\_\_\_/\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

Short Initial Plan Year: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Class of Eligible Employee**

- All Employees  Salaried Employees  Hourly Employees

**Excluded Employees**

- Seasonal Employees who normally work less than \_\_\_ months per year.  
 Part-time employees normally expected to work less than \_\_\_ hours per week.  
 Employees under the age of \_\_\_ years old.  
 Union Employees excluded? (Y)es or (N)o: \_\_\_\_\_  
 Non-resident aliens excluded? (Y)es or (N)o: \_\_\_\_\_  
 Other \_\_\_\_\_

**Service Period Requirement**

- As of date of hire.  \_\_\_ Number of days after date

**Entry Date**

- Date Eligibility Requirements are met.  
 First day of pay period following the date the eligibility requirements were met.  
 First day of the month following the date the eligibility requirements were met.  
 First day of the Plan Year quarter following the date the eligibility requirements were met.  
 Other \_\_\_\_\_

**Plan Subject to**

- COBRA (20 or more employees)
- FMLA (50 or more employees)

**POP BENEFITS (ATTACH DISCRIPTION OF EACH)**

- Core Health Benefits
- Non-Core Supplemental Health Benefits
- Group Term Life Benefits
- Short Term Disability Benefits
- Long Term Disability Benefits
- Cash Benefits

**Benefits Coordinator**

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Acceptance of Legal Process**

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_