

# HR Concepts, LLC

"Your Third Party Administrator of Choice"

## Section 132 Employer Application (PRA & TRA)

### Part I. Employer Information

Employer Name:	_____		
Mailing Address:	_____	City: _____	St.: _____ Zip: _____
Street Address (if different):	_____	City: _____	St: _____ Zip: _____
Telephone:	_____	Fax: _____	Tax Id #: _____
Primary Point of Contact:	_____	Phone Ext: _____	Email: _____
Secondary Point of Contact:	_____	Phone Ext: _____	Email: _____
Billing Point of Contact:	_____	Phone Ext: _____	Email: _____

### Part II. Plan Description

Original Effective Date of Section 132 Plan:	_____	Plan Year:	_____ to _____
Short Plan Year: Yes / No	If yes, indicate next plan year: _____ to _____		
_____	Parking Reimbursement Accounts		
Maximum Election:	_____	Minimum Election:	_____ Employer Contribution: _____
_____	Transit Reimbursement Accounts		
Maximum Election:	_____	Minimum Election:	_____ Employer Contribution: _____

### Part III. General Administration Questions

Who handles the COBRA administration when an employee terminates:	_____
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### Part IV. Eligibility

Parking Reimbursement Accounts Hours:	_____	Length of Service:	_____
Transit Reimbursement Accounts Hours:	_____	Length of Service:	_____
How Many Employees are Eligible:	_____	Total Number of Employees:	_____



Flex Plans • HSA's • Commuter Plans • HRA's • Dental Plans • COBRA

Phone: 603-647-1147 • Fax: 1-866-978-7868 • email: info@hrconcepts.biz

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## Part V. Tax Filing Information

Plan Name: _____
Is this a new plan Yes / No If No, What is the reinstatement Date: _____
Business Structure: _____ State Organized: _____ Is this a Controlled Group: Yes / No (If yes, fill in below)
Employer 1 Name: _____ Number of Employees: _____
Employer Address: _____ City: _____ St.: _____ Zip: _____
Employer TID#: _____ Business Structure: _____ State Organized: _____
Employer 1 Name: _____ Number of Employees: _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Employer TID#: _____ Business Structure: _____ State Organized: _____

## Part VI. Payroll Information

Payroll Cycle: _____ # of Payrolls This Year: _____ # of Payroll Next Year: _____ Payroll Reduction Day: _____ if short plan this year
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## Part VII. Signatures and Fees

**Broker:**

**Circle if Broker Pays: Setup / Renewal / Admin**

Setup/Installation Fee: \$ _____ Account Fee: \$ _____ Minimum Billing/Employee/Month \$ _____
Annual Renewal Fee: \$ _____ Account Fee: \$ _____ Minimum Billing/Employee/Month \$ _____

Authorized Signature of ER: _____ Title: _____ Date: _____
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For internal use only: Account Executive: \_\_\_\_\_



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