

# Client Data Form



## Services Requested

- |   |   |
|---|---|
| <input type="checkbox"/> Cafeteria Plan POP                 | <input type="checkbox"/> Health Savings Account (HSA) |
| <input type="checkbox"/> Cafeteria Plan FSA Only            | <input type="checkbox"/> COBRA / Premium Billing      |
| <input type="checkbox"/> Health Reimbursement Account (HRA) | <input type="checkbox"/> Transit/Other                |

## Entity Information

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

Employer Tax ID No. (EIN) \_\_\_\_\_

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

Website Address \_\_\_\_\_

Affiliated Employers (Name and Tax ID No.) \_\_\_\_\_

\_\_\_\_\_

Division \_\_\_\_\_

## Type Of Organization

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Corporation              | <input type="checkbox"/> Sub-chapter "S" Corporation | <input type="checkbox"/> Sole Proprietorship           | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Professional Association    | <input type="checkbox"/> LLC Limited Liability Company |                                      |
| <input type="checkbox"/> Government Agency        | <input type="checkbox"/> Other _____                 |  |                                      |

NOTE: Only employees can participate in a cafeteria plan. Thus, while partnerships, sole proprietorships and sub-chapter "S" corporations may sponsor cafeteria plans, the following cannot participate: sole proprietors, partners, and greater-than-2% shareholders in sub-chapter "S" corporations.

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

Business Activity Code \_\_\_\_\_ Total Number of Employees \_\_\_\_\_

## Legal Acceptance (Documents Executed By)

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Benefit Coordinator (Contact)

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## Employer Access Authorization

The following persons are to be granted employer HR status on myRSC.com:

Authorized User Name \_\_\_\_\_ SSN \_\_\_\_\_  
Job Title/Position \_\_\_\_\_ Work Phone/Ext \_\_\_\_\_  
Email Address \_\_\_\_\_

Authorized User Name \_\_\_\_\_ SSN \_\_\_\_\_  
Job Title/Position \_\_\_\_\_ Work Phone/Ext \_\_\_\_\_  
Email Address \_\_\_\_\_

Authorized User Name \_\_\_\_\_ SSN \_\_\_\_\_  
Job Title/Position \_\_\_\_\_ Work Phone/Ext \_\_\_\_\_  
Email Address \_\_\_\_\_

## Broker / Agent

Agency \_\_\_\_\_ Agent Name \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

Print Name \_\_\_\_\_



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