



**Diversified
Administration, Inc.**
Tax Savings For Employers & Employees

E-Mail: Claims@Div125.com
Phone: 954-983-9970
Fax: 954-983-9695
Mail: 6161 Washington Street
Hollywood, FL 33023

FORM 5500 INFORMATION GATHERING SHEET

The information you provide to us on this form will be reported to the IRS on informational Form 5500.
Please answer all questions but the highlighted ones are the most important.

Employer's Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** (____) _____

Employer EIN _____

Which benefits did your plan offer?

____ Group medical ____ Dental ____ Short Term Disability ____ Group life
____ FSA ____ HRA ____ Long Term Disability ____ Other

Plan inception date: ____/____/____ **Plan number:** _____

Plan anniversary date: ____/____/____ **Was this a short plan year?** _____

Did the plan year change since last year? Yes No Did you file a Form 5500 last year? Yes No

As of the start of the plan year:

How many employees did you have? _____ **How many participated in the plan?** _____

As of the end of the plan year:

How many employees did you have? _____ **How many participated in the plan?** _____

How many COBRA participants did you have? _____

How many COBRA employees are entitled to future benefits (Qualified Beneficiaries)? _____

Was the plan terminated this year? _____

Was this plan merged or consolidated with another plan? _____ (if yes, give details on a separate sheet)

Is the plan self-funded? Yes No Is the plan partially self-funded? Yes No

Was the plan established pursuant to a collective bargaining agreement? Yes No

How many insurance companies are providing benefits? _____



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For each insurance company or HMO providing benefits, a form called a Schedule A is required. The information for the Schedule A can only be gotten from your insurance company or your insurance agent.

Did you change insurance companies since last year's filing (or during this plan year)? Yes No

If yes, which?

What is the name of the person signing the 5500? _____

What is the e-mail address of the person signing the 5500? _____

Please return the completed form to: Bdavis@Div125.com or click the submit button below.

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