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BENEFIT PROFESSIONALS, INC.

Building a better future, together.

Plan Design Information Request

Highly Compensated Employees (Compensation over $100,000 or > 5% owner)

Last Name	First Name	Date of Birth	Date of Hire	Date of Term.	Annual Deferrals $ (if applicable)	Annual Match $	Annual Compensation $	Hours of Service

Non-Highly Compensated Employees (Compensation under $100,000)

Last Name	First Name	Date of Birth	Date of Hire	Date of Term.	Annual Deferrals $ (if applicable)	Annual Match $	Annual Compensation $	Hours of Service

More than 30-35 employees in a company, we request that the above information be sent to us in spreadsheet format by e-mail to one of the following addresses:

• miholits@benefitpros.com • lkilpatrick@benefitpros.com

For questions, we can be reached at: (800)-545-6741, Ext. 2144 - Fax (866) 422-7782 or by mail at: P.O. Box 1789, Albertville, AL 35950