



4 Enter the date the plan year began for which coverage data is being submitted .....

MM / DD / YYYY

a Did any leased employees perform services for the employer at any time during the plan year? .....  Yes  No

b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? .....  Yes  No

c Complete the following:

(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals .....

Digit input boxes for line 4c(1)

(2) Number of excludable employees as defined in IRS regulations (see instructions) .....

Digit input boxes for line 4c(2)

(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) .....

Digit input boxes for line 4c(3)

(4) Number of nonexcludable employees (line 4c(3)) who are HCEs .....

Digit input boxes for line 4c(4)

(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan .....

Digit input boxes for line 4c(5)

(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs .....

Digit input boxes for line 4c(6)

d Enter the plan's ratio percentage and, if applicable, identify below the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) .....

Percentage input box

Disaggregated part input boxes

e Identify any disaggregated part of the plan and enter its ratio percentage:

(1) Disaggregated part: [input boxes] Ratio Percentage: [input boxes] %

(2) Disaggregated part: [input boxes] Ratio Percentage: [input boxes] %

(3) Disaggregated part: [input boxes] Ratio Percentage: [input boxes] %

f This plan satisfies the coverage requirements on the basis of (check one):

(1)  the ratio percentage test (2)  average benefit test

2 7 9 9 0 0 0 2 1 U



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