



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

MM / DD / YY

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 .....

Grid for number of employees

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

Grid for number of excludable employees

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

Grid for number of nonexcludable employees

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

Grid for number of HCEs

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

Grid for number of employees benefiting

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

Grid for number of HCEs benefiting

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) .....

Grid for ratio percentage

▶ Grid for identifying disaggregated part

e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).

	Disaggregated Part:	Ratio Percentage:	Exception:
(1)	Grid	Grid %	Grid
(2)	Grid	Grid %	Grid
(3)	Grid	Grid %	Grid

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

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



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