

BCG

Boyarsky Consulting Group, Inc.

BENEFIT CONSULTANTS ○ ADMINISTRATORS

Consultants To Professional Advisors And Their Clients

☐ BENEFIT REVIEW/FEASIBILITY STUDY

☐ PLAN DESIGN/INSTALLATION

☐ CONSULTING/ACTUARIAL/ADMINISTRATION SERVICES

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Los Angeles, CA 90067-0276

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CONFIDENTIAL INFORMATION

COMPILED BY _____

Name of Firm _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

Firm's Employer Identification Number _____

Contact For Additional Information _____

Firm's Business (Specialty) _____

Type of Business Entity

Corporation Sub S Corp. Partnership Sole Proprietorship Other _____
specify

Date Business Started _____ Date of Incorp. _____ State of Incorp. _____

Tax Year End _____ Type of Employee Benefit Plan Now In Effect _____

Prior Year Employer Plan Contribution _____ Is Current Plan Cross Tested Yes No

Total Annual Payroll _____

Total Number Employees: Now _____ 2 Years Ago _____ 5 Years Ago _____

Approximate Number of Employees Replaced in the past 5 years _____

Union Employees Yes No Number of Union Employees _____

Is there a Union Retirement Plan Yes No

Names & Ownership Of Other Businesses Owned _____

Plan Contribution Objective _____

Desired Start Date Of Plan _____

Business Accountant Name _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

Business Lawyer Name _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

Remarks or Special Instructions:

FOR OFFICE USE ONLY

Type of Plan:

Defined Benefit Profit Sharing 401(k) ESOP Other _____

Proposal Specifications:

Plan Effective Date _____ Minimum Age _____ Service Requirement _____

Entry Date(s) _____ Excluded Classes _____

Plan Provisions

Normal Retirement Age _____ Participation Requirement _____ Service Requirement _____

Actuarial Methods & Assumptions:

Funding LAD Aggregate Entry Age Frozen Initial Unit Credit Other _____

Interest Rate Pre _____ Post _____ Mortality _____ Turnover _____

Salary Scale _____ Wage Base _____ Cost of Living _____ Death Benefit _____

Insurance Contract Carrier _____ Product Description _____

Min Benefit _____ Max Benefit _____ Other _____

Plan Formula

Offset Base% _____ SS Offset % Unit Credit Base % _____ Excess % _____

Years Of Service Participation Service Exclusions _____

Reductions Participation _____ Service _____ Other _____

Defined Contribution

Gross % Pay _____ Excess % Safe Harbor Pay% _____ Safe Harbor Match% _____

Vesting Table Top Heavy Cliff _____ Non Top Heavy Standard Other _____

Death Benefits 25% 50% Other _____

Product Carrier _____ Policy Type _____

Remarks or Special Instructions: