

VANTAGEPOINT

BENEFIT ADMINISTRATORS

20 Blake Avenue Lynbrook, NY 11563-2506
Tel: 516 599-2120 Fax: 516 599-3135

Marketplace Exchange Notice Application

1. Legal Name of Company Sponsoring Plan: _____

2. Business Entity Type:

- 'C' Corp.
- 'S' Corp.
- Limited Liability Company
- Partnership
- Sole Proprietorship
- Not-For-Profit
- Government -Entity or Church
- Other: _____

3. Principal Business Activity: _____

4. Federal Employer Identification Number (must be 9 digits): ___ - _____

5. Contact Person: _____ Title: _____

6. Street Address (No P.O. Boxes): _____

City, State, Zip: _____

7. Phone Number: _____ Fax Number: _____

E-mail Address: _____

8. Total number of employees: _____

Number of insurance eligible employees: _____

Ineligible employees (check all that apply) :

- Part-time Employees expected to work less than _____ hours per week
- Employees under the age of _____
- Union Employees
- Other _____

9. Employer's Principal Office – Benefit plans shall be governed under the laws of the:

State of _____ or Commonwealth of _____

10. Additional Locations and/or Affiliated Employer Information

Location #1

Legal name of Employer _____ Tax ID: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

Mailing Address (city, state, zip): _____

Location #2

Legal name of Employer _____ Tax ID: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

Mailing Address (city, state, zip): _____

If additional locations exist, please attach on a separate sheet of paper.
Companies with common ownership may have one plan document with one company shown as the plan sponsor and other affiliated companies adopting the same plan. These companies may have different Federal ID numbers, locations and payroll sources. The adopting companies, along with their ID numbers and addresses will be shown in the plan document and Summary Plan Description.

Pricing Information

Benefit Account	New Plan Setup or Plan Takeover	Per Notice
Marketplace Exchange Notice	\$95	\$5

Authorized Signature: _____

Print: _____

Date: _____