



IRS FORM 5500 REQUEST FORM FSA & HRA

Submit this completed form via one of the following methods.	Online	Mail
	Sign into your account at cdaclient.basiconline.com and go to <i>Support</i> > <i>Contact Us</i> and attach to a support request.	PO Box 14015 Madison, WI 53708-0015

CLIENT / EMPLOYER INFORMATION

Employer Name		BASIC Employer ID (12-digit)	
Contact Name		Contact Phone	

FILING INFORMATION

Due to the possibility of IRS penalties, time is of the essence for Form 5500 filing. The Form 5500 filing deadline is seven months from the end of the plan year. As soon as your plan year ends complete this form and return a copy to BASIC. Failure to do so within 45 days of the Form 5500 filing deadline means you will be completing the filing yourself, and as such assume all penalties associated with the filing. Form 5500 filing extensions are available by request only and carry a processing fee of \$100. If within 15 days of the filing deadline, an extension may not be possible due to normal processing time allowance. You are responsible for any fines or penalties that may result in late submission. Prior or past filings require additional penalties and fees; contact BASIC for assistance.

Use dates and information for the plan year just ended.

1	Plan year start date	
2	Plan year end date	
3	Are you a single employer plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is this your first IRS Form 5500 filing for a Section 125 FSA / Section 105 HRA benefit plan? <i>↳ If Yes, skip to line 6. If No, continue to line 5.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Did someone other than BASIC complete last year's Form 5500 filing? <i>↳ If Yes, attach a copy of that filing to this form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Original inception date of your FSA / HRA benefit plan	
7	Did your FSA / HRA benefit plan terminate this year? <i>↳ If Yes, continue to line 8. If No, skip to line 9.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	On what date?	
9	Total number of participating employees at the beginning of the plan year	
10	Total number of participating employees at the end of the plan year	
11	Total number of retired or separated participants receiving this benefit	
12	6-digit SIC Principal Business Activity Code <i>(Refer to Schedule K on corporate return or the end of the Instructions for Form 5500 available on the DOL website at www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/form-5500)</i>	
13	3-digit Employee Welfare Benefit Plan Number <i>(Employer-assigned number starting in sequence with 501. Do not enter your BASIC Employer ID and do not reuse a number previously assigned to another welfare benefit plan. If applicable, refer to last year's Form 5500 for this number.)</i>	
14	Form 5500 authorized signer's full name	
15	Form 5500 authorized signer's email	

AUTHORIZATION

Name

Email

Signature

Date