

THE **BENEFITS** CONSULTING GROUP, INC.

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Chicago, IL 60604
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FAX (312) 427-9757

DATE _____

NAME		
ADDRESS		
CITY	STAT	ZIP
PRINCIPAL CONTACT		PHONE
TYPE OF ENTITY	TAX ID	SIC
REFERRL SOURCE		

ELIGIBILITY SERVICE _____ HOURS _____ MINIMUM AGE _____
ENTRY DATES _____ INCLUDE UNION ☐ YES ☐ NO

PROFIT SHARING INTEGRATED ☐ YES ☐ NO LAST DAY ☐ YES ☐ NO
1000 HOURS ☐ YES ☐ NO

MATCH DISCRETIONARY ☐ YES ☐ NO FIRST YEAR % _____ ELIGIBLE SAL DEF _____
LAST DAY ☐ YES ☐ NO THROUGHOUT YEAR ☐ YES ☐ NO 1000 HOURS ☐ YES ☐ NO

VESTING ☐ 3-20 ☐ OTHER _____ EXCLUDE SVC PRIOR TO _____

MISCELLANIOUS LOANS ☐ YES ☐ NO MINIMUM LOAN _____ ONE AT A TIME ☐ YES ☐ NO
HARDSHIP ☐ YES ☐ NO DATE & TIME OF ENROLLMENT _____
OF EES _____ INVESTMENTS _____
TRUSTEES _____
IMMEDIATE ROLLOVER ☐ YES ☐ NO COMPENSATION _____

COMMENTS _____

