

AgriPlan® BizPlan® Eligibility Status

AgriPlan and BizPlan Section 105 Medical Reimbursement Plans on average save small business owners over \$4,000 a year in health care expenses. Please complete this form and return it to your TASC Provider for a free tax savings analysis. A completed analysis of your eligibility status for this employee benefits program will be mailed to you within 10 business days.

Name _____

Business Name _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Telephone Number _____

What is the tax filing status of your business?

- Sole Proprietor, filing Schedule F Sole Proprietor, filing Schedule C C-Corporation
 S-Corporation Partnership Other

Are you currently married?

Yes No

If you answered Yes, does your spouse assist you in your business? (answering phones, website design, bookkeeping, delivery, etc.)? Yes No

Do you currently have any unrelated employees in your business?

Yes No

If you answered Yes ...

How many work more than 25 hours per week? _____

How many complete more than 7 months of employment annually? _____

How many are over age 25? _____

Approximately how much do you spend annually on the following medical expenses?

Health Insurance Premiums _____ \$
(include any accident, hospital indemnity, cancer, vision and dental insurance etc.)

Long-Term Care Premiums _____ \$

Out-of-Pocket Medical Expenses _____ \$
(include prescription drugs, over-the-counter items, co-pays, deductibles etc.)

Vision (include contact lenses, glasses, eye exams, etc.) _____ \$

Dental (include routine cleanings, exams, etc.) _____ \$

TOTAL _____ \$

Client Signature _____

Provider _____

Retail/Wholesale Code _____



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