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PLAN EVALUATION SURVEY



NEW PLANS 401(K) EMPLOYER CENSUS

COMPANY NAME: _____ DATE: _____

Payroll Company Name: _____

Plan Year: _____ Tax I.D. (EIN #): _____

Primary 401(k) Contact Person: _____

Company Address: _____

Phone #: (____) _____ Fax #: (____) _____

New Customer Existing Customer Prospective Customer

Did your company have a 401(k) Plan during the prior year? YES NO

If yes, was the plan deemed "Top Heavy" during the prior year? YES NO

Does your company have an existing retirement savings plan? YES NO

Identify Highly-Compensated Employees:

(A) List all company owners with any percentage of ownership in the current and prior year:

_____	____%	_____	____%
_____	____%	_____	____%
_____	____%	_____	____%

Total Must Equal 100%

(B) List a total of relatives of each owner of more than 5%, who are on the company payroll:

Name of Relative:	Relationship:
_____	_____
_____	_____
_____	_____

(C) Employees of the company who earned, **with the employer**, in excess of \$100,000 in the prior year:

_____	_____
_____	_____
_____	_____

(D) Company Officers and Title:

_____	_____
_____	_____
_____	_____

**Report any future changes of ownership to PLANRight immediately.*

