

**C. TO BE COMPLETED BY THE PROVIDER**

Provider: \_\_\_\_\_

Address \_\_\_\_\_ Tax ID# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

I, on behalf of the above named Provider, verify that our firm is on the Mississippi State Department of Audit's list of approved providers. I further verify that our firm agrees to serve as Provider for the above-named Section 125 Cafeteria Plan.

The provider will be using a Third Party Administrator  Yes  No

If answer is yes, please provide:

Name \_\_\_\_\_

Address \_\_\_\_\_ Tax ID# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

The Provider agrees to provide directly or through a Third Party Administrator the following services in connection with flexible spending accounts offered under the Plan:

- A. To process for payment in a timely manner all receipts that meet the reimbursement criteria of the "Cafeteria Plan".
- B. Timely reports as required on account balances to Plan participants and to the Employer.
- C. On a timely basis to provide the Employer instructions and sample 5500 forms of the Internal revenue Service.
- D. Establish and maintain records for participating employees as provided by the sponsoring Employer.
- E. Maintain the necessary records to do periodic discrimination testing if required.
- F. Provide a Model Plan Document that includes all benefits allowed by present law and regulations at the time the agreement is made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**State of Mississippi  
Office of the State Auditor**



**MISSISSIPPI CAFETERIA PLAN CONTRACT**

*This document is required by the State of Mississippi on all Section 125 Cafeteria Plans installed by and for governmental employees, public school systems, institutions of higher learning and/or any other governmental entity and must be approved by the State Department of Audit prior to implementation of the plan.*

**INSTRUCTIONS FOR COMPLETION**

Section A is to be completed by the employer or his representative.

Section B is to be completed by the agent/agency who is designated as Agent of Record for the Section 125 Cafeteria Plan.

Section C is to be completed by the provider. The "provider" in this context would be the administrative company or third party administrator responsible for processing the enrollment forms and performing the routine computations regarding the Section 125 Cafeteria Plan. The "provider" must be on the current Approved Provider list of the State Department of Audit.

*While we recommend that each person signing this document retain a copy for his files, this entire document must be completed and e-mailed to [tech@osa.ms.gov](mailto:tech@osa.ms.gov) or mailed to the following address:*

**Office of the State Auditor  
Post Office Box 956  
Jackson, Mississippi 39205  
(601) 576-2800**

# MISSISSIPPI CAFETERIA PLAN CONTRACT

## A. TO BE COMPLETED BY THE SPONSORING EMPLOYER:

Plan Name \_\_\_\_\_

Employer's Tax Identification Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

I, the undersigned, do hereby acknowledge that the employer has agreed to sponsor a Section 125 Cafeteria Plan for our employees and that this Section 125 Cafeteria Plan is being made available to all eligible employees as defined in the Plan Document.

I understand that only those items defined in the Internal Revenue Code Section 125, and the regulations thereunder, are subject to salary reduction.

The initial "plan year" for this Section 125 Cafeteria Plan will be in on \_\_\_\_\_, 20\_\_\_\_ and will end on \_\_\_\_\_, 20\_\_\_\_ and subsequent years \_\_\_\_\_, 20\_\_\_\_ and end on \_\_\_\_\_ on , 20\_\_\_\_.

The employer has agreed to reduce the compensation for each participating employee by the amount authorized by each participant at the time of their enrollment. The employer agrees to make the benefits available to the participants that are selected by the participants at enrollment. I understand that participation in a Section 125 Cafeteria Plan may cause a reduction in Social Security benefits at time of retirement and/or disability.

I further understand that the "plan year" is for the period specified above and that elections made by the participants are irrevocable until the beginning of a new "plan year" unless the revocation and new election are on account of and consistent with a change in family status as defined in Section 125 and the regulations thereunder. I understand that reports will be furnished to those employees participating in flexible spending accounts no less frequently than quarterly during the "plan year" and as of December 31 of each calendar year, giving balances in those accounts and that any balances remaining in those accounts at the end of the "plan year" will be subject to Federal Law and guidelines

Employer signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## B. TO BE COMPLETED BY AGENT/AGENCY OF RECORD

Name \_\_\_\_\_ Mississippi License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

I verify that I hold the appropriate privilege tax license issued by the Mississippi Insurance Department.

I, as recognized agent/agency of record, do verify that all eligible employees will have the opportunity to have the plan presented to them and those wishing to participate will indicate their desire to do so by selecting options and signing an enrollment form. Those to whom the plan will be presented who do not wish to participate will sign a statement to the effect that the plan was presented to them, but they declined to participate at that time. On any eligible employees not presented the plan, documentation as to why the eligible employee was not presented the plan will be on file with the employer.

It will be explained to each participating and non-participating employee that the elections made at the time of enrollment will be irrevocable until the beginning of a new "plan year" unless the revocation is on account of and consistent with a change in family status as defined in Section 125 and the regulations thereunder.

I will explain the method of reimbursement for the flexible spending accounts with specific reference to the fact that it is the employee's responsibility to produce, when necessary, receipts and/or cancelled checks to substantiate all reimbursements and that reimbursed expenses may not be claimed for income tax purposes.

I will explain that reports will be furnished by the Administrator of the Plan to those employees participating in a flexible spending account prior to the end of the "plan year" giving balances in those accounts and that any balances remaining in those accounts at the end of the "plan year" will be subject to federal law and regulations.

I will provide a written summary of the plan to each participating employee and will explain any Social Security consequences of that decision. Also, all options of dependent care if offered by the employer will be discussed with the employee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title of Agency Representative \_\_\_\_\_