

Form 5500 Filing

We're here to help! 888.677.8373 DAYCompliance@naviabenefits.com



Tell me about Form 5500.

Form 5500 is required annually for all ERISA health and welfare plans maintained by certain employers. The filing is required under ERISA and enforced by the Department of Labor (DOL).

Who must file?

Typically, health and welfare benefit plans with 100+ participants (employees) on the first day of the plan year.

When determining if you must file, you look at all the lines of coverage when calculating the number of participants. For example, there could have been 85 employees in the medical plan on the first day of the plan year and 115 employees on the company-paid life on that date. In this case you would need to file the forms because there were more than 100 participants in the company-paid life on the first day of the plan year. One note, if you maintain your welfare benefit plan in conjunction with a trust (VEBA), you must file a Form 5500 regardless of the number of participants.

Governmental, public school and church affiliated employers are exempt.

Ok. I have to file. Now what?

ERISA requires that plans file Form 5500 by the end of the seventh month following the end of the plan year. For calendar year plans, this means the Form must be submitted to the DOL by July 31 of the following year. An automatic 2 ½ month extension can be granted by completing and mailing Form 5558 to the IRS *prior* to the due date of the Form 5500.

Failing to file a Form 5500 for your business, if required, can result in large penalties (up to more than \$2,000 per day).

Navia makes the process easy for the employer.

Our preparation process is designed to be simple and efficient for the employer.

First, we need a completed Form 5500 Application (next page). Return the application to us along with all of your Schedule As and Schedule Cs (if applicable). Your insurance carriers will send you these forms, but only if you have more than 100 participants.

We then generate the Form 5500 and provide the employer with access to an electronic portal where the authorized individual(s) can review and submit the Form to the government. We will provide a step by step guide with filing instructions.

We also provide a Summary Annual Report ("SAR") for the employer to approve and distribute as required.

Why Navia for 5500s?

We use IRS approved software for the most efficient and cost-effective filing. And, better yet, we can also prepare the DOL required ERISA wrap document. The Form 5500 and the wrap document must be consistent. Simply indicate on the application if you'd also like us to prepare an ERISA wrap document.

How much for 5500 Filing?

\$500 per plan number
\$200 for amended return

Additional fees for multiple and/or delinquent filings.



Thank you for the opportunity to serve you.

Navia is not an accounting or law firm and does not provide accounting or legal advice.

5500 Filing Application

Employer & Plan Information

Invoice

The fee for Form 5500 Filing is \$500 annually.

Mail the completed application/schedules + \$500 check payable to:

Navia Benefit Solutions

1250 W Dorothy Lane, Suite 107, Dayton, OH 45409

Questions? Contact us! 888.677.8373 ~ DAYCompliance@naviabenefits.com

Thank you for your business!



Official Name of Plan Sponsor (Employer)		Tax ID Number	Plan Year Begins - Plan Year End
Address/City/State/Zip		Phone Number	
Contact Name		Contact Email Address	
Referring Broker/Consultant Name		Referring Broker/Consultant Email Address + Phone number	
Do you file one or multiple Forms 5500 for your insurance plans? <input type="checkbox"/> One <input type="checkbox"/> More than one Charge is \$500 for one Form 5500. Additional fees may apply to multiple and/or delinquent filings.	Do you have an ERISA wrap document for your health and welfare plans as required by the IRS? If yes, please send a copy along with this application. If no, ERISA wrap document preparation is \$400 annually. <input type="checkbox"/> No, please prepare one. <input type="checkbox"/> Yes	Indicate the type of plan: <input type="checkbox"/> Single employer <input type="checkbox"/> Multiple employer <input type="checkbox"/> Direct filing entity <input type="checkbox"/> Multi-employer	Indicate plan funding, check all that apply: <input type="checkbox"/> Insurance <input type="checkbox"/> General assets <input type="checkbox"/> Trust / VEBA
Total number of participants – beginning of ERISA Plan Year:		Number of retired or separated (including COBRA) enrolled employees receiving benefits:	
Active participants beginning of the plan year:		Other retired or separated enrolled employees entitled to future benefits:	
Active participants at the end of the plan year:		**If the plan includes multiple contracts (medical, dental, life, etc.) use the enrolled employee counts from the contract with the highest number of enrolled employees. Enrolled employee count should come from the Plan Sponsor's records.	

Component Welfare Benefit Plans

Attach all Schedule As & Cs + ERISA Wrap Document *(if not prepared by FlexBank\Navia)*

Coverage	Contract Year/Renewal	Insurance Carrier/TPA	Fully Insured or Self-Funded?	Coverage	Contract Year/Renewal	Insurance Carrier/TPA	Fully Insured or Self-Funded?
Health				LTD			
Dental				Health Flexible Spending Account (FSA)			
Vision				Health Reimbursement Arrangement (HRA)			

5500 Filing Application

Life					Stop Loss Insurance		
AD&D					Voluntary Life or AD&D		
STD					Wellness or EAP		
Notes, special instructions and/or changes from previous years:							

Next Steps

- Complete Form 5500 application.
- Attach Schedule As and Cs.
- Attach ERISA wrap document (if not prepared by us).
- Forward application and check payable to Navia Benefit Solutions:
 - ✓ Mail: 1250 W Dorothy Lane, Suite 107, Dayton, OH 45409
 - ✓ Email: DAYCompliance@naviabenefits.com
- Once the Form 5500 filing has been completed, you will receive an email from us to include:
 - ✓ Link to FlexBank|Navia 5500 online portal.
 - ✓ User name and password to the online portal.
 - ✓ Follow the instructions in order to review, sign and file your Form 5500.

Date _____

Signature _____

Printed Name _____