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Data Transmittal Memorandum
Discrimination Testing
All Benefit Plans
With Employee Database

Addressees

Addressee Number 1

Engager Name_____ID_____

Address_____

City_____State____ZIP_____

Tel_____Fax_____

E-Mail_____Contact_____

Addressee Number 2

Eligible User Name_____ID_____

Address_____

City_____State____ZIP_____

Tel_____Fax_____

E-Mail_____Contact_____

Addressee Number 3

Other Entity Name_____ID_____

Addressee_____

City_____State_____Z)P_____

Tel._____Fax._____

E-Mail_____Contact_____

Plan Data

Plan Name_____

DOL No._____Plan Sponsor_____

Addressees: Number 1_____Number 2_____ Number 3_____

Benefits: M_____Rx_____D_____V_____

Plan Description_____Benefit Eligibility Code_____

Other Participating Employers: Number 1_____

Number 2_____Number 3_____

Number 4_____Number 5_____

Employer Data

Employers Participating in the Plan: (Plan Sponsor is _____)

ID	Employer Name	Relation to Others	Tax Status
_____	_____	_____	_____
_____	_____	_____	_____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Valuation Data

Test Year_____to_____Test Date_____

Submitted Data Print-Out? Yes_____No_____

IRC Limits: Section 414(q)_____Section 516(i)_____

Are the Following Participants Who are Not Common Law

   Employees Included? Former Employees_____

   Independent Contractors _____Leased Employees_____

   Self-Employed _____Contractual Privilege_____

Are the following *per se* discrimination tests met?

   Eligibility_____ Benefits _____Contributions_____

   Tenure/Compensation_____

Are These Compliance-Related Discrimination Tests Met?

   Protected Class _____Older Employees_____

   Ineligible Dependents_____Health-Status_____

   Trade and Commerce _____

Employee Database

Employee ID_____Employer ID_____Legal Class_____

Owner %_____Officer_____Excludible_____

Annualized Compensation_____

Plan A: DOL Number _____Eligible?_____Participant?_____

    Annualized: Benefits_____Contributions_____

Plan B: DOL Number_____Eligible?_____Paticipant?_____

    Annualized: Benefits_____Contributions_____

Plan C: DOL Number_____Eligible?_____Participant?_____

    Annualized: Benefits_____Contributions_____

Plan D: DOL Number_____Eligible?_____Participant?_____

    Annualized Benefits_____Contributions_____

Chapter 3 – Discrimination Work-Products   4
DT - Unified Database (All Empoyees)
 All IRC Sections and Tests
Discrimination Text