Data Transmittal Memorandum
Discrimination Testing
IRC Sections 125 and 129
Safe Harbor Test

Addressees

Addressee Number 1

Engager Name_____ID_____

Address_____

City_____State___ZIP_____

Tel_____Fax_____

E-Mail_____Contact_____

Addressee Number 2

User Name_____ID_____

Address_____

City_____State____ZIP_____

Tel_____Fax_____

E-Mail_____Contact_____

Addressee Number 3

Employer Name_____ID_____

Addressee_____

City_____State_____Z)P_____

Tel._____Fax._____

E-Mail_____Contact_____

Employer Data

Employer means the following:

Single Employer_____

Multiple (Controlled/Affiliated) Employers_____

_____

Valuation Data

Valuation Date_____Test Year_____

Plan Data

Plan Name_____DOL No._____

Plan Description_____

_____

Test Data

Eligibility Test Data

	Total	Excludible	Non-Excludible
Employees	_____	_____	_____
Employees Eligible to Participate	_____	_____	_____

Benefits *per se* Test Data

Did the Plan discriminate in favor of the prohibited class with respect to any of the following during the Plan Year?

Eligibility (probationary periods, e.g.)? _____

Benefits (includes optional benefits)? _____

Contributions (Employer of Participant)? _____

Tenure or compensation? _____

Potential for Discrimination

Were there any instances during the Test Year when the Plan Offered to any employee grouping any benefits or contributions that were different from those that were offered to another employee grouping where the potential of discrimination in favor of the highly compensated was present?

_____

Benefits and Contributions Test Data

(Not Needed for FSA or POP)

Employees who are potentially in the highly compensated group Include the (a) officers, (b) shareholders or (c) employees whose Annual compensation exceeds $110,00

Employee ID	Officer	Share-Owner Percent	Annual Compensation	Qualified Benefits	Participant Contributions
Total					

Paid Plan Qualified Benefits and Participant Contributions for the

Plan Period _____to_____ are as follows:

Qualified Plan Benefits_____Participant Contributions_____