



Horizon Blue Cross Blue Shield of New Jersey

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APPLICATION FOR ESTABLISHMENT OF A CAFETERIA PLAN
UNDER SECTION 125 OF THE INTERNAL REVENUE CODE

- 1. Employer (full legal name of firm)
2. Mailing Address
3. Correspondent (Name and Title)
4. Desired Effective Date
5. Nature of Business
6. List any affiliates or subsidiaries to be covered
7. Do you now have other benefits administered under a Section 125 Cafeteria Plan?
8. Eligibility: NOTE: Participants in the Cafeteria Plan must be employees for FICA and withholding tax purposes.
9. Benefits offered under the Plan:
10. Administrative Fees:
11. Accounting Information:

The undersigned employer hereby agrees and certifies that the foregoing information is correct and that a qualified "Cafeteria Plan" as defined by Section 125, Internal Revenue Code, shall be established pursuant to the specifications above.

Employer's Signature
Date
Broker Name
Broker Telephone #

*Set Up Fee is Non-Refundable