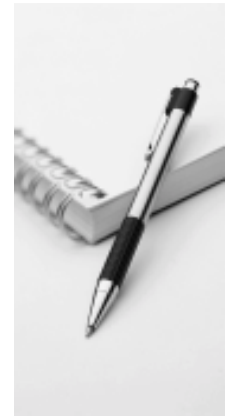


Rep _____

PLAN EVALUATION SURVEY



NEW PLANS 401(K) EMPLOYER CENSUS

COMPANY NAME: _____ DATE: _____

Payroll Company Name: _____

Plan Year: _____ Tax I.D. (EIN #): _____

Primary 401(k) Contact Person: _____

Company Address: _____

Phone #: (____) _____ Fax #: (____) _____

New Customer Existing Customer Prospective Customer

Did your company have a 401(k) Plan during the prior year? YES NO

If yes, was the plan deemed "Top Heavy" during the prior year? YES NO

Does your company have an existing retirement savings plan? YES NO

Identify Highly-Compensated Employees:

(A) List all company owners with any percentage of ownership in the current and prior year:

_____	____%	_____	____%
_____	____%	_____	____%
_____	____%	_____	____%

Total Must Equal 100%

(B) List a total of relatives of each owner of more than 5%, who are on the company payroll:

Name of Relative:	Relationship:
_____	_____
_____	_____
_____	_____

(C) Employees of the company who earned, **with the employer**, in excess of \$100,000 in the prior year:

_____	_____
_____	_____
_____	_____

(D) Company Officers and Title:

_____	_____
_____	_____
_____	_____

**Report any future changes of ownership to Slavic immediately.*



PLAN EVALUATION SURVEY *(Continued)*

Type of Corporation:

C=C Corp. S=S Corp. P=Partner SP=Sole Prop. LLC=Ltd. Liability Corp. 501c3 Non Profit

Date of Incorporation: _____ Fiscal Year _____ Calendar Year _____

Number of Part-Time Employees: _____ Number of Employees over 21: _____

Number of Employees: _____ Gross Payroll Annually: _____

Qualifying Questions for Worksite Company Owner or Operator: (If you answer yes to any of the questions below, please provide details.)

- Do any owners, spouses, or minor children own part of any other business with Employees? YES NO
- Is this company a subsidiary of any other company? YES NO
- Has the Company ever sponsored a Qualified Retirement Plan? YES NO
 If yes, the prior plan number (i.e. 001 002) is: _____
- Does the Company currently sponsor a Qualified Retirement Plan? YES NO
- Is the Company part of a control group of companies? YES NO
- Does the company have an old plan it wants to merge? YES NO
- Will the company consider participating in the plan by way of a matching and/or profit sharing contribution? YES NO
- Have you been part of another employee leasing company retirement plan? YES NO
- Any assets and participants currently in this plan? YES NO

Comments: _____

