



SMALL BUSINESS GROUP

2018 FRINGE BENEFITS FORM – HEALTH AND GROUP TERM LIFE

Client Name: _____

1. Did you provide health insurance benefits paid by the Corporation? Yes No
If the answer is NO, PROCEED TO QUESTION 2.

(NOTE: Please complete this form for ALL Shareholders of the Corporation) ESTIMATE THRU THE END OF THE YEAR

Please provide the Actual Amounts you will pay by the end of the year, 12 months premiums only.

Table with 4 columns: Social Security Number, Name of Covered Person, Health Insurance Premiums, Insurance from Marketplace? (Yes/No)

Group Term Life Insurance is not regular Life Insurance, this is only if the employer pays for all employees

2. Did you provide Group Term Life Insurance benefits of over \$50,000 to your employees? Yes No
If the answer is NO, there is no further information required.
(NOTE: IF YES, Please complete this form for ALL Employees of the Corporation)

Signature: _____ Phone Number: () _____ - _____
Preparer of Form