



8155 N 24th Avenue, Suite F • Phoenix, AZ 85021 • (602) 864-5230 • Fax (602) 864-5240

**SECTION 125
CSA GENERAL INSURANCE AGENCY, INC. AGREEMENT**

It is hereby agreed between CSA GENERAL INSURANCE AGENCY, INC., Phoenix, Arizona (herein called CSA) and the Employer named below that:

All information given below is to the best of my knowledge and belief, complete and true; no material information has been withheld or omitted, and CSA believing it to be true shall rely and act upon it accordingly.

A. _____
Employer (print or type full **legal** name)

B. _____
Address (Street) (City) (State) (Zip)

C. _____
Phone# Fax#

D. _____ #
Name of Individual responsible for administration Email Total number of employees

E. Section 125 Premium Conversion
Type of plan offered to employees

The above Employer agrees to implement the above plan(s) from CSA at the agreed fees.
(Statement attached)

The employer acknowledges receipt of the Employer Responsibilities and assumes responsibility and liability for both content of the Summary Plan Description and filing of 5500 Return. (5500 Return is only required for plans with OVER 100 Plan Participants, and does not require a Schedule F for the Fringe Benefit Plan)

(Initial here: _____)

Furthermore the Employer agrees to allocate time and space to the CSA representative(s) involved in the implementation for explanation and enrollment of employees when applicable.

The effective date of this agreement: _____

Employer Signature

CSA General Insurance Agency, Inc.
Suzanne Skrdla
Sr. Manager, Sales Operations & Account Management

Print Name

Title

Date

Date