SBG

SMALL BUSINESS GROUP

FRINGE BENEFITS FORM – S-CORP

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)

Please provide the Actual Amounts you will pay by the end of 2017, 12 months premiums only.

Social Security Number	Name of Covered Person	2017 Health Insurance Premiums	Insurance from Marketplace?
____-____-____	_____	$_____	☐Yes ☐ No
____-____-____	_____	$_____	☐Yes ☐ No
____-____-____	_____	$_____	☐Yes ☐ No
____-____-____	_____	$_____	☐Yes ☐ No
____-____-____	_____	$_____	☐Yes ☐ No
____-____-____	_____	$_____	☐Yes ☐ No
____-____-____	_____	$_____	☐Yes ☐ No
____-____-____	_____	$_____	☐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

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