

MBI QUESTIONNAIRE

Please complete this form if you choose to offer the Total Access FSA Card to plan participants.

I. GENERAL INFORMATION

- A. Full legal name of company: City of Jonesboro
- B. Employer Tax ID #: 71-6013749
- C. Date of incorporation: _____
- D. Company address: PO Box 1845
Jonesboro, AR 72403
- E. Plan Administrator/Contact
 - Name: Patsy Bishop
 - Title: HR Tech
 - Phone number: 870-933-4640
 - Fax number: 870-933-4652
 - E-mail address: PBishop@jonesboro.org
- F. Payroll cycle: Semi-Monthly (24/year)

II. PLAN INFORMATION

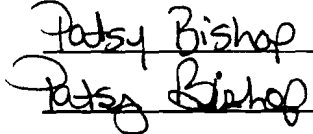
- A. Plan Year: 1/1 - 12/31
- B. Flexible Spending Accounts to be offered (please check):
 - Health Care
 - Dependent Care
 - Transit
 - Parking
- C. Total # of eligible employees: 450

III. ADMINISTRATIVE INFORMATION

- A. Banking arrangements: ACH Direct Debit

IV. PLAN ADMINISTRATOR'S SIGNATURE

Print name: Patsy Bishop

Signature: 

Date: _____