

## DATA INSTRUCTIONS

### 2011 COMPLIANCE AND FORM 5500 ANNUAL QUESTIONNAIRE

**If the annual data is not provided in good order, you will be notified of the corrections you need to provide. Please note that incomplete data may result in additional processing fees.**

1. General Information and Data Verification, Page 1.  
*This shows a summary of the company and plan data that we currently have on file. Please review this and show any changes or updates that are needed.*
2. Plan Contribution Report, Page 2.  
*Please complete each question as thoroughly as possible and sign at the bottom. This information is used for contribution calculation, plan accounting, compliance, and Form 5500.*
3. The Plan Operation and Testing Report, Page 3-4.  
*Complete each section to the best of your knowledge. This information is for the compliance tests and the Small Plan audit requirements, as well as the Form 5500.*

### EMPLOYEE CENSUS REPORT

The file layout and description is below. Please provide the information for 2011 in this layout. Include all employees, even if they are not yet eligible for the plan. If a column is not applicable, please leave it blank.

You can download a blank Census Template at [HunterBenefits.com](http://HunterBenefits.com). At your request, we will provide an Excel spreadsheet showing the employees you have previously reported to us and their last reported status.

If you provide census information in a different format, there may be a fee for the time required for data entry. Please return the Excel file on CD or via email along with the completed Annual Questionnaire.

#### File Layout for Census Data

Column A	<b>Social Security Number</b>
Column B	<b>Name:</b> Participant name with first name first
Column C	<b>Date of Birth:</b> Use the format mm/dd/yyyy
Column D	<b>Date of Hire:</b> Use the format mm/dd/yyyy
Column E	<b>Date of Termination:</b> Use the format mm/dd/yyyy
Column F	<b>Termination Reason:</b> If an employee is terminated, please provide termination reason (i.e., voluntary, lay off, fired, retired, etc.)
Column G	<b>Date of Rehire:</b> If an employee was rehired after a termination. Use the format mm/dd/yyyy
Column H	<b>Hours Worked</b> – Number of hours an employee worked during the plan year. You can use 2080 hours for full-time employees whose hours are not tracked.
Column I	<b>Gross Compensation</b> – Total gross compensation from the company for the plan year with <b>no exclusions</b>
Column J	<b>Company 2: Gross Compensation</b> – If an employee receives compensation from more than one company that participates in the plan, enter the earnings from other company here. Please indicate the names of the companies in the spreadsheet.
Column K	<b>Eligible Compensation</b> – If a type of compensation, such as bonuses or incentive awards, is excluded from plan consideration, please put the eligible amount in this column. <i>Please refer to your Summary Plan Description for your definition of compensation and call your HBCG Administrator with any questions.</i>
Column L	<b>Salary Deferrals</b> – Amount of salary deferrals contributed for the plan year <u>excluding</u> Roth
Column M	<b>Roth Contributions</b> – Amount of salary deferrals designated as Roth 401(k)
Column N	<b>Loan Payments</b> – Amount of loan payments, if applicable
Column O	<b>Employer Match</b> – Amount of matching contributions deposited for the plan year
Column P	<b>Other Employer Contribution</b> – Amount of other contributions, such as Profit Sharing, made for the plan year. Identify the type of contribution on the spreadsheet.