

PayTime

Benefits

November 20, 2007

To:
From: Frank Surface
Re: POP Setup Info Request

| |
|--------------------------------|
| Company Name |
| Address |
| City, State Zip |
| |
| Plan Administrator |
| Title |
| Phone |
| Federal ID Number |
| 3 Committee Members |
| |
| |
| |
| Plan Year |
| Waiting Period |
| |
| Payroll Cycle |
| 1st payday in Plan Year |
| |