Section 125 Plan
Annual Certification

Employer ID: ________________________________

Employer Name: ________________________________

Effective January 1, 2017, IPERS-covered employers that offer elective employer contributions to Section 125 plans whereby some of the contributions may be received by their employees as cash, must certify annually that certain conditions are met in compliance with IPERS administrative rules and the Internal Revenue Code. Only employer contributions to fringe benefit programs that meet the requirements for coverage in Iowa Code 97B and qualify under Internal Revenue Code (IRC) Section 125 may be treated as IPERS-covered wages.

According to the IRS, a qualified Section 125 plan must be written and offer at least one permitted taxable benefit and at least one qualified benefit. Your plan must include all of the following:

- Description of benefits available
- Plan rules governing participation
- Requirement that participants be employees
- Procedures governing employees’ elections, including periods that elections may be made; and periods during which elections are effective, provided that elections are irrevocable
- The manner in which contributions may be made (for example, through salary reductions)
- Maximum amount of employer contributions available through the plan
- Plan year
- If paid time off, required ordering rules for non-elective and elective paid time off
- If flexible spending arrangements, provisions for complying with requirements
- If grace period, provisions for complying
- If distributions from health Flexible Spending Arrangements to employees’ Health Savings Accounts, provisions for complying

I have legal and binding authority for the employer named above and I am authorized to complete this form. I certify that this employer is making employer contributions to a qualified plan under IRC Section 125. I acknowledge my organization’s failure to comply with Iowa Code § 97B.58 and/or Iowa Administrative Code 495 relieves IPERS of all liability to any member or beneficiary.

Authorized signature: ________________________________ Date: ________________________________
Your name: ________________________________ Title: ________________________________
Phone: ________________________________ Email: ________________________________

Please sign and return to IPERS by December 31.

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