



EQUITABLE

MEMBERS  
RETIREMENT  
PROGRAM

# Guide to the census and 5500 reporting tools

Use this document for assistance in completing your annual census and 5500-SF filing.

## Before getting started you will need:

**Your user ID and password for the Members Retirement Program employer website.**

The user ID for this part of the website starts with ASC and is followed by five numbers and/or letters (e.g., ASC00000).

If you are having trouble accessing the employer website, please contact your retirement plan account manager at [\(800\) 526-2701](tel:(800)526-2701).

**Your 5500-SF filing credentials, user ID and PIN, as a filing signer, that you previously obtained from the Department of Labor.**

If you filed your 5500 though the program website last year, your credentials are maintained on the site.

If you don't have credentials or lost the ones assigned to you, go to [efast.dol.gov](http://efast.dol.gov) for assistance. You will not be able to sign and transmit your 5500 without these credentials. You will need a valid email address to obtain credentials.

## There are three components to completing the annual 5500 process:

**1**

Complete plan questionnaire.

**2**

Complete participant census information.

**3**

After you receive your email invitation, follow the instructions to review, electronically sign and file your Annual 5500 form through the program website.

## Step 2



## Complete plan census information

From the main page on the employer site, select **Compliance** and then **E-Compliance**.

Plan Name: **ABC Company 401(k)**

As of **01/09/2019**

Plan ID: **ABC-1234567890**

Plan Type: **401K**

Participant Search:  **Go**

**Print**

---

SUMMARY
CALENDAR
ONLINE CONTRIBUTIONS
PARTICIPANTS
LOANS
PLAN ASSETS
PLAN INFORMATION
COMPLIANCE

**COMPLIANCE**

To perform year end or interim compliance testing, access the eCompliance application by clicking the eCompliance button. To view or file the Form 5500, access the Form 5500 application by clicking Go To 5500 Report. To view or file the Form 5500, access the Form 5500 application by clicking View 5500 Report.

**E COMPLIANCE**

**GO TO 5500 REPORT**

To complete the **Plan Questionnaire**, click **Yes** to perform compliance testing unless you have another party performing your compliance testing.

Click **Yes** to perform 5500 reporting and click **Save and Continue**.

# Welcome to Compliance Testing, what would you like to do?

01/01/2018 - 12/31/2018 | Resume Compliance Testing and Form 5500 Reporting

Perform Compliance Testing [Learn More](#)

Yes, I would like to perform Compliance Testing for the 2018 plan year.

No, I am declining Compliance Testing for the 2018 plan year.

Perform Form 5500 Reporting [Learn More](#)

Yes, I would like to answer for Form 5500 Reporting questions and have Fund Company perform this service for the 2018 plan year.

No, I am declining Form 5500 Reporting services for the 2018 plan year.

01/01/2019 - 12/31/2019

If you're interested in performing Internal Testing, please reach out to your account manager at (800) 222-5790

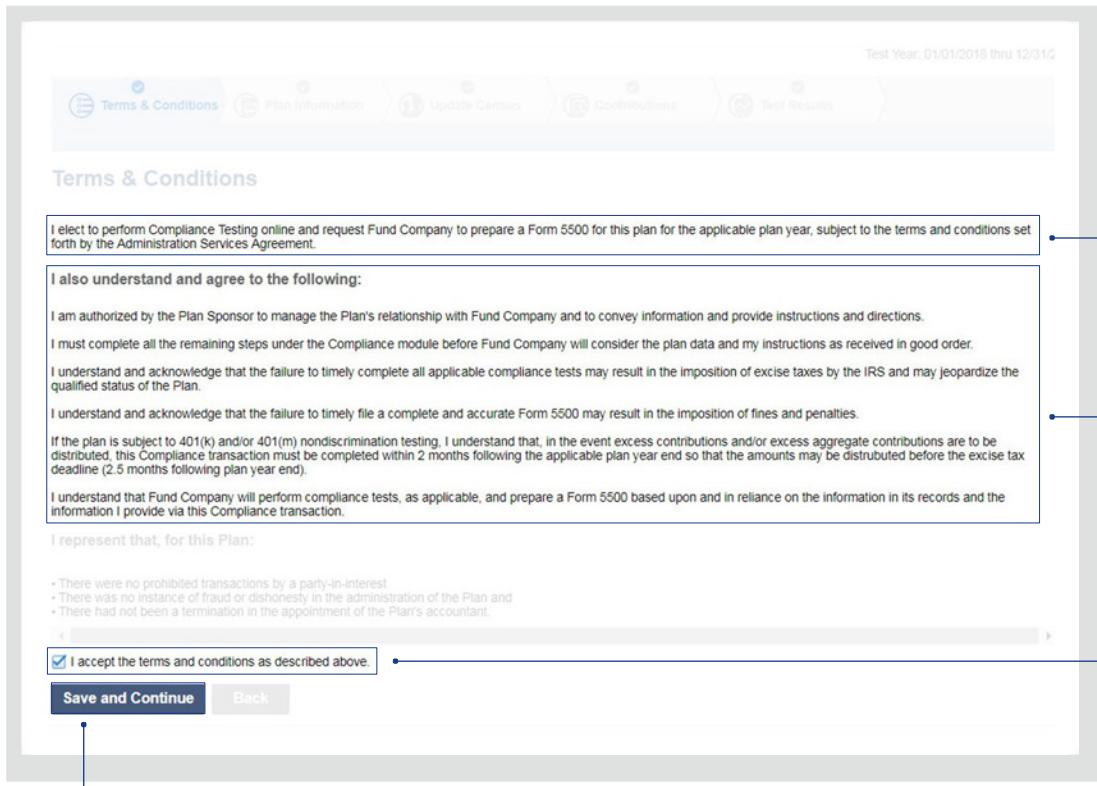
[Save and Continue](#)

[Exit](#)

DSI Copyright 2019 | Disclaimer

Save and  
continue

On the next page, **read the terms and conditions** and click **accept** to move to the **next step**.



Test Year: 01/01/2018 thru 12/31/2018

**Terms & Conditions**

I elect to perform Compliance Testing online and request Fund Company to prepare a Form 5500 for this plan for the applicable plan year, subject to the terms and conditions set forth by the Administration Services Agreement.

I also understand and agree to the following:

I am authorized by the Plan Sponsor to manage the Plan's relationship with Fund Company and to convey information and provide instructions and directions.

I must complete all the remaining steps under the Compliance module before Fund Company will consider the plan data and my instructions as received in good order.

I understand and acknowledge that the failure to timely complete all applicable compliance tests may result in the imposition of excise taxes by the IRS and may jeopardize the qualified status of the Plan.

I understand and acknowledge that the failure to timely file a complete and accurate Form 5500 may result in the imposition of fines and penalties.

If the plan is subject to 401(k) and/or 401(m) nondiscrimination testing, I understand that, in the event excess contributions and/or excess aggregate contributions are to be distributed, this Compliance transaction must be completed within 2 months following the applicable plan year end so that the amounts may be distributed before the excise tax deadline (2.5 months following plan year end).

I understand that Fund Company will perform compliance tests, as applicable, and prepare a Form 5500 based upon and in reliance on the information in its records and the information I provide via this Compliance transaction.

I represent that, for this Plan:

- There were no prohibited transactions by a party-in-interest.
- There was no instance of fraud or dishonesty in the administration of the Plan.
- There had not been a termination in the appointment of the Plan's accountant.

I accept the terms and conditions as described above.

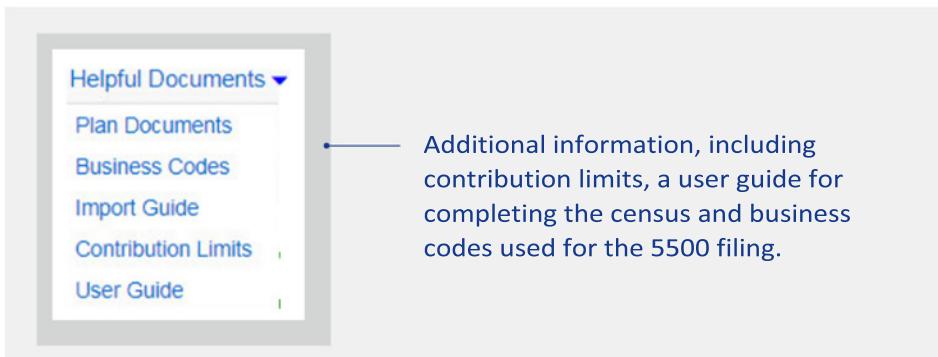
**Save and Continue** **Back**

For first-time users only

Terms and conditions

Accept

Save and continue



Additional information, including contribution limits, a user guide for completing the census and business codes used for the 5500 filing.

# Step 2

---



## Review plan information

- After agreeing with the terms and conditions, you will enter the **Plan Information** section and answer a series of questions about your plan. The answers to the questions on these pages will help ensure the accuracy of your 5500.
- After answering the questions on each page, you should select **Save and Continue**.
- At the end of this section, there will be a list of plan-specific items to confirm for accuracy.

Your employer identification number, plan number, business code and mailing address should be pre-populated. After that, there are a series of questions over a number of screens which must be answered. The questions and their explanations are below. If you have completed the census in the previous year, many of the questions may already be completed. Please verify that the answer is still accurate.

## Plan questions

**Q**

**A**

Was there a change in sponsorship of this plan?

Click No if there were no ownership changes in the 2024 plan year. If Yes, please ensure that the program has been notified of the change. If the program has not been notified, please contact a retirement plan account manager at (800) 223-5790.

Is the employer covered by a fidelity bond?

If you have provided an answer to this question in the past, it will be completed. If not, please provide a response. If the response is Yes, you will be asked to insert the fidelity bond amount. If the answer is No, please see the Learn More link for information on why your plan most likely should be covered by a fidelity bond.

Does the plan require an Accountant's Opinion Letter?

The answer for a large majority of plans in the program will be No. This only applies to plans that have 100 or more participants with account balances at the beginning of the plan year.

Were any participant contributions transmitted outside of the time described in Department of Labor regulation 29-CFR2510-102?

If you have made your 401(k) contributions, deducted from employees' accounts in a timely manner, please check No. You can check the timing requirements by clicking the Learn More link.

Did the employer provide direct or indirect compensation, including gifts and entertainment, to a service provider totaling \$5,000 or more?

Generally no, as fees for services provided for your retirement plan with the Members Retirement Program are paid by the participant.

Were any plan assets maintained outside of the plan's contract with Equitable during 2024 plan year?

Since plans in the program cannot maintain plan assets outside of the plan's contract with Equitable, the answer should be No.

**Q****A**

Does the employer maintain another qualified plan other than this plan?\*

Only click Yes if you sponsor another employer-sponsored retirement plan outside of the Member's Retirement Program

Is the employer a member of a controlled group of corporations or businesses under common control?\*

May only apply if you own or have ownership in another business. Contact a retirement plan account manager if you are unsure of how to answer this question.

Is the employer a member of an affiliated service group?\*

May only apply if you own or have ownership in another business. Contact a retirement plan account manager if you are unsure of how to answer this question.

Is this plan pursuant to a collective bargaining agreement?\*

This only impacts plans that cover union employees.

If your plan is designated as a Safe Harbor, was a timely Safe Harbor Notice provided to eligible employees?

This only applies if your plan has a Safe Harbor 401(k) feature.

During 1/1/2024 – 12/31/2024 (calendar year plans), what is the percentage of company ownership outside of the plan's employee population?\*

Only applies if there is an owner of the business who is not an employee of the business.

During 1/1/2024 – 12/31/2024 (calendar year plans), how many employees worked for the employer, regardless of plan participation?

Enter the total number of employees, regardless of whether they participated in the plan.

Does Plan allow for match calculations on Qualified Student Loan Payments?

Generally, No. Most plan do not offer this feature. If you have added this feature to your plan, check Yes.

Did the employer close or sell any companies, subsidiaries or locations during the plan year ending in **2024**?

Generally, No. If the answer is Yes, please contact a retirement plan account manager at (800) 223-5790.

Was there a plan merger, spin-off, transfer or termination during the plan year ending **12/31/2024** and assets were transferred to another plan?

Answer No, unless you merged, transferred or terminated your plan and moved the assets to another plan.

Did the employer or the owners of the employer acquire any new companies during **1/1/2024 – 12/31/2024**?

Answer No, unless there has been an acquisition of a new company. If so, please contact a retirement plan account manager at (800) 223-5790.

## Step 2

Was the plan  
terminated during **2024**  
plan year?

Answer No, unless the plan did terminate during the plan year.  
If Yes, has the program been informed of the plan termination?  
If No, please provide a letter of termination to the program so  
the plan's status can be updated.

Was the plan top heavy on the  
determination date of  
**12/31/2024**?

For most program clients the answer will be yes. A plan is  
considered top heavy if the account balances of the key  
employees in the plan (generally owners) is equal or greater  
than 60% of the total plan account balance.

After you answer all of the questions, you should click **Save and Continue** and go to a page where you review and verify plan features for accuracy, including general plan information, employee counts and ownership, eligibility conditions, contribution rules and formulas, and test rule information. Generally, if you have completed the census before, you should be able to answer Yes to the question "Is the information correct for each of the sections?". If you are not in agreement with the information, you can click No and provide the reason for your disagreement. A retirement plan account manager will receive and review your response and be in contact with you on resolving the issue.

\*Questions only asked if the plan chose **Yes** on performing compliance tests.



## Update participant census information

After answering the **Plan Information** questions, you enter the **Update Census** section where you will be able to edit participant information as necessary. The census information can be updated on the grid or by selecting each individual participant's name on the grid. You can also add employees in your plan census by selecting **Additional Actions** and **Add Employee**.

**Review Census Information for Accuracy and Update as Necessary**

This is what we know about the employees in your plan. Review the information carefully to ensure it is accurate. [Learn More](#)

Employee Messages		Total Employee Counts		
✖ Error(s)	0	Total Employees:	Employees On Census:	HCEs: NHCEs:
⚠ Warning(s)	0			
Total:	0	8	11	2 9

Viewable Columns: Compensation and Hours Additional Actions Find Employee: Enter Last Name or SSN Save To File

Employee Name	SSN	Limitation Compensation	Limitation Compensation	Plan Year Compensation	Hours	Hours	Ov
XXX-XX-5351		\$37,138.12	\$37,138.12	533.00	320.00		
XXX-XX-5757		\$150,000.00	\$150,000.00	2,000.00	2,000.00		
XXX-XX-7025		\$150,000.00	\$150,000.00	2,000.00	2,000.00		
XXX-XX-4406		\$45,822.08	\$45,822.08	1,664.00	1,664.00		
XXX-XX-2238		\$55,860.80	\$55,860.80	1,664.00	1,664.00		
XXX-XX-7350		\$98,316.50	\$98,316.50	1,664.00	1,664.00		
XXX-XX-6388		\$23,864.06	\$23,864.06	320.00	320.00		
XXX-XX-8330		\$948.00	\$948.00	24.00	0.00		

Save and Continue Back

**Important note:** When you first get to this page, there will be errors listed that will be eliminated as you enter participant demographic information. If you miss any required information, you will continue to see the error message until it is corrected.

- Go to viewable columns and select Compensation and Hours.
- Enter the participant's compensation for **2024** under the **2024** Limitation Year and **2024** Plan Year Compensation columns. See below for an explanation of when the compensation amounts can be different.
- Enter the hours the participant worked in **2024** under the **2024** Hours column.
- Enter the **2024** Ownership Percentage. If this is your first plan year with the program also enter the **2023** Ownership Percentage.
- Click Save and Continue.

Under the **2024 Limitation Year Compensation**, enter the participant's compensation for 2024. Enter the same amount or copy and paste the same amount in **2024 Plan Year Compensation**. If a participant was only eligible for part of the year, enter their full-year compensation under **Limitation Year** and their part-year salary from their plan entry date forward in the **Plan Year** column. For example, if a full-time participant's hire date was March 1, 2023 and your plan has a 1-year service requirement and two entry dates, they would be eligible to participate on July 1, 2024. If the participant's W-2 for 2024 was \$30,000 and their compensation from July 1, 2024 forward was \$15,000, then you would enter \$30,000 under 2024 Limitation Year Compensation and \$15,000 under 2024 Plan Year Compensation.

## Step 2

Enter hours worked in the appropriate year column(s). If you have previously completed census information, that prior year information should be displayed on the table already.

If you prefer to use the individual participant census page, select the name of the participant and complete the missing information (compensation, hours, etc.) and edit any other information (dates, employee attributes, etc.) that needs to be corrected.

**Review and Make Changes to the Employee Details**

<b>Personal Information</b>		<b>Employment</b>   <a href="#">Field Definitions</a>
Name: Lebowski, Jeffrey D.	SSN: XXX-XX-6351	Anticipated Eligibility Date: <a href="#">Learn More</a> Predecessor Hire Date: <input type="text"/> Hire Date: <input type="text"/> 01/01/1989
Birthdate: * <input type="text"/> 12/04/1949	<input type="checkbox"/> Rehire <input checked="" type="checkbox"/> 1 Year of Service	
Status: * <input type="text"/> Active		
<b>Compensation Types and Amounts</b>   <a href="#">Field Definitions</a>		
2022 Limitation: <input type="text"/> \$0.00	Job Classification: <input type="text"/>	Employee ID: <input type="text"/>
2023 Limitation: <input type="text"/>	Affiliate: * <input type="text"/> Hollywood Star Lanes	Location: * <input type="text"/> Hollywood Star Lanes
2023 Plan Year: <input type="text"/>		
<b>Employee Attributes</b>   <a href="#">Field Definitions</a>		
<input type="checkbox"/> HCE <input type="checkbox"/> Seasonal <input type="checkbox"/> Union <input type="checkbox"/> Key <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Contractor/Leased <input type="checkbox"/> Officer <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Hourly <input type="checkbox"/> Part-time Employee (Prior Year) <input type="checkbox"/> Long-Term Part-Time Employee		
<b>Hours</b>   <a href="#">Field Definitions</a>		
2022: <input type="text"/> 0	2023: <input type="text"/> 0	Highest Hours Worked: <input type="text"/> 2000

On the next screen you will be asked to verify the highly compensated employees (HCE)/key employees in your plan. These are generally the owners of the business, however, they can also be non-owners depending on compensation. If you have any questions on who the HCEs are in your plan, please contact a retirement plan account manager. Remember, that if your spouse is also an employee in the business, they are considered an HCE/key employee as well because of family attribution rules.

**Verify HCE/Key Employees**

During a review of the plan, the following employees were determined to be HCE/Key employees based on the data provided. No differences were identified therefore, no action required.

Find Employee:	<input type="text"/> Enter Last Name or SSN		<a href="#">Save to File</a>			
		Value on Census	Suggested Value			
Name	SSN	HCE	Key	HCE	Key	Details
XXX-XX-		✓	✓	✓	✓	No difference identified.

**Why this is important**

Having proper HCE/Key designations for your employees is critical to the accuracy of evaluating plan limits and completing non-discrimination testing.

Providing this information now will greatly reduce the likelihood of having to make costly adjustments in the future.

If there are any limits failures, they will be displayed on the screen below. If you have no action required, click **Save and Continue**. Most plans will not have limits failures, but if yours does, please contact a retirement plan account manager to determine next steps to correct the issue.

**Review Limit Failures**

During a review of the plan, no Limit Failures were identified. No action required.

Find Employee:

Employee Name	SSN	HCE	Excess Contributions			Plan Year Compensation
			402(g)	415	Plan Deferral	
XXX-XX-			\$0.00	\$0.00	\$0.00	\$25,000.00
XXX-XX-		✓	\$0.00	\$0.00	\$0.00	\$100,000.00
XXX-XX-			\$0.00	\$0.00	\$0.00	\$40,000.00
XXX-XX-			\$0.00	\$0.00	\$0.00	\$65,000.00

Save to File
Print

Totals: \$0.00 \$0.00 \$0.00 \$230,000.00

## Success!

If you have no issues with limits failures, you are now done with your census. Click **Skip Contributions**. For most plans in the program, except those that decide to run their own compliance tests, your census work is complete.

## Traditional 401(k) plans

(or other plans that choose to run compliance tests)

If you have a traditional 401(k), an ADP and/or ACP test will need to be run to determine if your plan is in compliance with the nondiscrimination rules. You can choose to run your own tests (see following pages) otherwise, a retirement plan account manager should be in contact with you with results of your tests within a couple of weeks after completing your census for the most recent plan year end. It is important that census information be complete at least 2 weeks before the correction deadline to allow for time to perform the test and correction processing, if necessary. Keep in mind that if your plan fails the test(s), corrective measures must be taken within 2½ months after the plan year-end to avoid penalties.

You have completed the Census review process.



You are ready to begin the Contributions process where you will have the opportunity to calculate and fund additional employer contributions. Depending on your plan, additional employer contributions may include Safe Harbor Employer Match, Safe Harbor Non-Elective, Employer Match, Profit Sharing, Reallocation of Forfeitures, and Top Heavy Minimum Contributions.

Click Skip Contributions

[Save and Continue](#) [Skip Contributions](#) [Back](#)

DST Copyright 2017 | [Disclaimer](#)

## Run tests

If you chose to run your own compliance tests, you will click Run Tests on the next screen and see the results, and if your plan fails any of the tests, except for the top heavy test, please contact a retirement plan account manager. Please note the top heavy test may display as failed as a reminder that non-key employees must receive at least 3% minimum employer contribution. Most plans in the program satisfy this requirement by design.

## Census/testing complete

Whether you choose to run compliance tests yourself or not, your census information will be processed and you will be notified via email when your plan's 5500 form is ready to be filed.

If you have any questions about completing the census, please contact a retirement plan account manager at (800) 223-5790.

Following are the instructions on reviewing and filing your annual 5500 with the Department of Labor.

# 5500 Filing Instructions

1 You will receive an invitation email inviting you to visit the employer site to review and file your 5500 report.

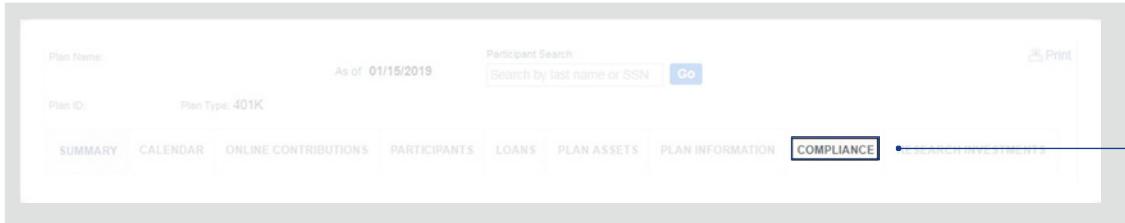
**Your 2024 5500-SF\* is ready for filing.**

<b>Log on at:</b>	<a href="http://adaemp.equitable.com">adaemp.equitable.com</a>
<b>Next:</b>	Go to the Compliance tab and click the Go To 5500 Report button.
<b>Next:</b>	Click the button for E-signing.
<b>Next:</b>	View/Print the 5500 and then enter your DOL credentials to electronically sign and submit the 5500 to the DOL. <b>If you filed your 5500 through the Program website last year, then your credentials are securely stored for you on the site.</b>
<b>Additionally:</b>	You must also print and distribute to your participants the Summary Annual Report (SAR), which is available in the Documents section. <b>Not required for 5500-EZ Filers.</b>
<b>FILING DEADLINE:</b>	The deadline for the 2024 plan year filing for calendar year plans is July 31, 2025, unless you (the business) has a tax filing extension or an IRS Form 5558 is filed before the filing deadline. <b>The penalties for late filing can be more than \$2,400 a day.</b>

**Important note:**  
For the 2024 plan year, you should expect your invitation within 4-6 months after the close of your plan year.

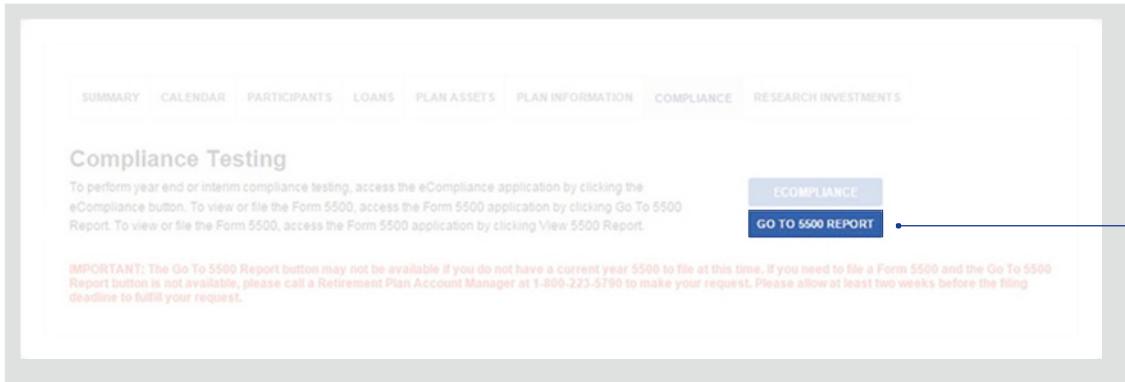
2 Go to [mrpemp.equitable.com](http://mrpemp.equitable.com) and enter your user ID and password.

3 Click on **Compliance** tab.



The screenshot shows the mrpemp.equitable.com dashboard. At the top, there are fields for 'Plan Name' (Plan Name: [redacted], As of: 01/15/2019) and 'Participant Search' (Search by last name or SSN: [redacted], Go button). Below these are fields for 'Plan ID' (Plan ID: [redacted], Plan Type: 401K). A navigation bar at the bottom includes links for SUMMARY, CALENDAR, ONLINE CONTRIBUTIONS, PARTICIPANTS, LOANS, PLAN ASSETS, PLAN INFORMATION, and COMPLIANCE. The 'COMPLIANCE' tab is highlighted with a blue border. To the right of the dashboard, the word 'Compliance' is written in blue.

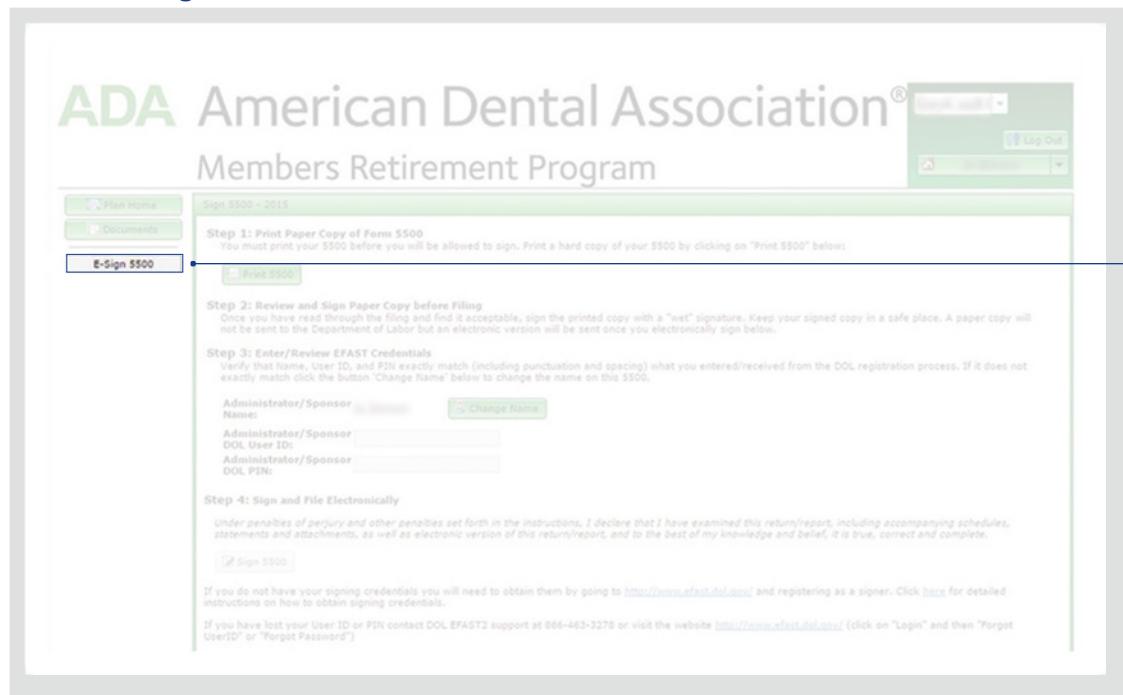
4 Click on **Go To 5500 Report** button and you will be taken to a screen to e-sign your form.



The screenshot shows a 'Compliance Testing' screen. At the top, there are links for SUMMARY, CALENDAR, PARTICIPANTS, LOANS, PLAN ASSETS, PLAN INFORMATION, COMPLIANCE, and RESEARCH INVESTMENTS. Below this is a section titled 'Compliance Testing' with the following text: 'To perform year end or interim compliance testing, access the eCompliance application by clicking the eCompliance button. To view or file the Form 5500, access the Form 5500 application by clicking Go To 5500 Report. To view or file the Form 5500, access the Form 5500 application by clicking View 5500 Report.' A large blue button labeled 'GO TO 5500 REPORT' is prominently displayed. To the right of the button, the text 'Go to 5500 Report' is written in blue.

5

Click on **E-Sign 5500** button on left.



The screenshot shows the ADA American Dental Association Members Retirement Program website. The main header is 'ADA American Dental Association® Members Retirement Program'. On the left, there are three buttons: 'Plan Home', 'Documents', and 'E-Sign 5500'. The 'E-Sign 5500' button is highlighted with a blue line. The main content area is titled 'Sign 5500 - 2015'. It contains four steps: Step 1: Print Paper Copy of Form 5500 (with a 'Print 5500' button), Step 2: Review and Sign Paper Copy before Filing (with a 'Sign 5500' button), Step 3: Enter/Review EFAST Credentials (with a 'Change Name' button), and Step 4: Sign and File Electronically (with a 'Sign 5500' button). There are also instructions and links for obtaining signing credentials and contacting DOL support.

E-sign 5500

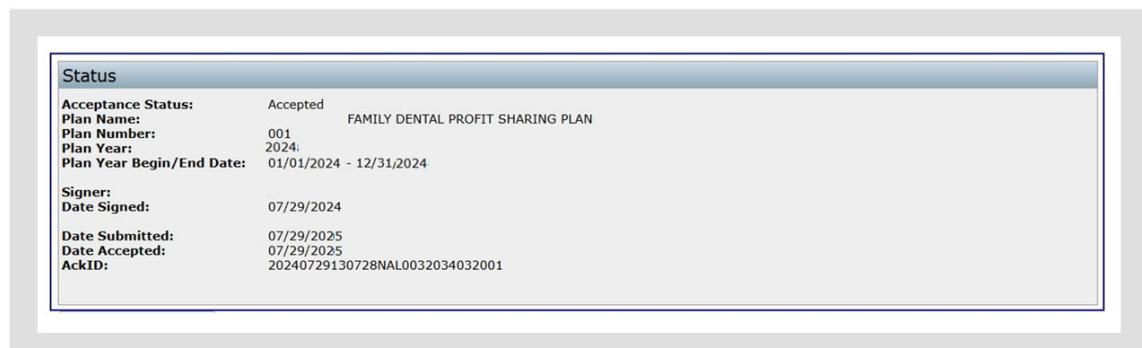
6

Follow instructions to view and print the form, enter your DOL filing credentials and sign the 5500.

If you have not already established your credentials with the DOL (first-time filer), see the instructions for getting your DOL credentials on the website under **Plan Education Center** or in the compliance section under **Helpful Documents**.

7

Once you electronically sign the 5500, then you are taken to a status screen to view the status of your filing. Please contact a retirement plan account manager if the acceptance status for your plan is rejected/not accepted or anything besides Accepted. If there is no status, please follow the same path above within 48 hours after you have filed and check the status of your return by clicking the Check 5500 Status button.



Status	
Acceptance Status:	Accepted
Plan Name:	FAMILY DENTAL PROFIT SHARING PLAN
Plan Number:	001
Plan Year:	2024
Plan Year Begin/End Date:	01/01/2024 - 12/31/2024
Signer:	
Date Signed:	07/29/2024
Date Submitted:	07/29/2025
Date Accepted:	07/29/2025
AckID:	20240729130728NAL0032034032001

The Members Retirement Program (contract form #6059) is funded by a group variable annuity contract issued and distributed by Equitable Financial Life Insurance Company (NY, NY 10104, (212) 314-4600). Equitable is the brand name of Equitable Holdings, Inc. and its family of companies, including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with an

administrative office in Charlotte, NC; Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN); and Equitable Distributors, LLC. This content is provided for your informational purposes only. Equitable Financial Life Insurance Company (NY, NY) and its affiliates does not provide legal or tax advice. The obligations of Equitable Financial and Equitable America are backed solely by their claims-paying abilities.

© 2024 Equitable Holdings, Inc. All rights reserved. GE-7368858.1 MRP (11/24) (Exp. 11/28) | G1149187 | Cat. #155626 (12/22)

