

Date: _____

Company Name _____	Contact _____
Industry _____	Title _____
_____	Phone _____
Address _____	Fax _____
_____	Email _____

Key Decision Makers _____

of Years in Business _____ # of Locations _____ Are there other related companies? _____

*FEIN (Tax ID Number) _____ *UIN _____

Payroll Contact _____ Title _____

Payroll Frequency _____ # of Deductions 52 26 24 12 Payroll in house or externally? _____

Description of Business: _____

[illegible]

Current Benefits

Major Medical

☐ HMO # participating ____ ☐ PPO # participating ____ ☐ POS # participating ____ ☐ HDHP # participating ____

Plan ____ Premium - Ind ____ Fam ____ Deductible - Ind ____ Fam ____ Copayments - Ind ____ Fam ____

Plan ____ Premium - Ind ____ Fam ____ Deductible - Ind ____ Fam ____ Copayments - Ind ____ Fam ____

Are benefits Pre-taxed? _____ Plan Year _____

When are EEs Benefit Eligible? _____ # of Benefit Eligible EE _____

Notes: _____

Dental/Vision

Dental ☐ Yes ☐ No

Vision ☐ Yes ☐ No

Provider _____ Provider _____

Employee Cost _____ Employee Cost _____

participating _____ # participating _____

Disability

Short-Term ☐ Yes ☐ No

Long Term ☐ Yes ☐ No

Elimination Period _____ Elimination Period _____

Benefit Period _____ Employee Cost _____

% of Benefit/Fixed _____ # participating _____

Employee Cost _____

participating _____

Supplemental/Voluntary Benefits

☐ Accident ☐ Cancer ☐ Critical Illness ☐ Hospital Indemnity ☐ Dental ☐ Vision ☐ Individual STD

Provider _____ # participating _____ Payroll Deducted or EDB _____

Employer Sponsored Benefits

Paid-Time-Off (PTO) _____ Vacation _____ Sick _____ Maternity _____

AD&D ☐ Yes ☐ No Benefit Amount _____ Group Life ☐ Yes ☐ No Benefit Amount _____

Other Services

☐ HSA Provider _____ # participating _____

☐ FSA Provider _____ # participating _____

☐ Section 125 Provider _____ Administrative Cost _____ Renewal _____

Notes: _____

Retirement Plans

☐ 401(k) ☐ Defined Contribution

☐ IRAs ☐ Defined Benefit

☐ Annuities

☐ Other _____

participating _____

Notes: _____

Financial Planning

☐ Retirement Planning

☐ Pre-Paid Legal

☐ Wills and Estate setup

Notes: _____

Other

What is most challenging about offering benefits?

What are your three biggest concerns regarding your insurance needs?

1. _____

2. _____

3. _____