

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Year company established \_\_\_\_\_

Are you the only decision maker for benefits?  Yes  No

If not, who is? \_\_\_\_\_

How many employees work more than 28 hours per week \_\_\_\_\_

# Employees employed six months (or one year – if Approval-Required Industry): \_\_\_\_\_

Health Insurance?  Yes  No Name \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ Max Out-of-Pocket: \$ \_\_\_\_\_

Renewal Date \_\_\_\_\_ Broker Name \_\_\_\_\_

Supplemental benefits?  Yes  No Name \_\_\_\_\_

Products offered \_\_\_\_\_

Employee participation \_\_\_\_\_

Section 125?  Yes  No

Group Life Insurance?  Yes  No How much? \_\_\_\_\_

At retirement:  Terminates  Convert  Reduces

In-House Payroll?  Yes  No Name \_\_\_\_\_

If no, please list the Payroll Company \_\_\_\_\_

Payroll frequency \_\_\_\_\_

Weekly  Bi-Weekly  Semi-Monthly  Monthly