Group Insurance Questionnaire

Information needed to prospect a new group health case

Name of Prospect/Company:____

Company Contact:____ Effective Date:________________

Company Address:____ State:_______ Zip Code: ___________

Is above address the group headquarters? Yes No

If "no", please provide:____

Please provide all locations:____

Company Phone:______________________ Company Email:______________________________________

Date the business was established:_______ Payroll start date for W2'd non-owner/spouse employee: _______

Type of business/Industry (SIC code):__________________

Business entity type: Sole Prop Partnership Corporation LLC Other:________________________

Workers' Compensation Insurance? Yes No

Are there any commonly controlled companies? Yes No

If "yes," would a CPA acknowledge they meet the IRS definition of common control? Yes No

Total number of full-time equivalent (FTE) employees: ____

How many full-time eligible employees?_______ Part-time coverage? Yes, How many?__________ No

Number of COBRA participants: __________________ Number of employees on leave of absence: ________

All employees W2? Yes No

Is anyone paid via a 1099? Yes No

Number of eligible employees not covered on the current plan with valid waivers: ________

Employer contribution for EE: _______% or $________ Dependent contribution: ________% or $________

Current group health plan design: HMO PPO POS No prior coverage

Likes/Dislikes about your current plan?____

What do you currently offer? Medical Dental Vision Life STD LTD Other________________

Is Dental Contributory Voluntary Is Vision Contributory Voluntary

Do you currently have a H.S.A. qualified plan Yes No If yes, who is the H.S.A provider: _______________________

Current carrier(s) and Renewal date(s):____

Current or Renewal rates available? Yes No Current billing available? Yes No

Current ancillary products?__________________________ Renewal dates?__________________________

Why are you shopping for new coverage?____

Do you wish to upgrade/downgrade benefits?____

What specific medical/dental benefits are important to you?___________________________

Census Form