

Date: \_\_\_\_\_ Taken By: \_\_\_\_\_ Spoke With: \_\_\_\_\_ Sent to: \_\_\_\_\_

**Group Life, Health, & Employee Benefits Intake:**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

# of Eligible Employees: \_\_\_\_\_ Full Time/Part Time: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Average Age of Eligible Employees: \_\_\_\_\_ # of locations: \_\_\_\_\_ States: \_\_\_\_\_

Payroll Frequency: \_\_\_\_\_ Payroll Company: \_\_\_\_\_

(weekly, bi-weekly, monthly, semi monthly) Business Tax ID: \_\_\_\_\_ Address: \_\_\_\_\_

**Benefits Offering:**

Medical: Yes\_\_ No\_\_ Dental &amp; Vision: Yes\_\_ No\_\_ Life: Yes\_\_ No\_\_

Current Medical Carrier: \_\_\_\_\_ (if yes) Deductible: \_\_\_\_\_

Current Dental &amp; Vision: \_\_\_\_\_ Current Life: \_\_\_\_\_

Current Group: \_\_\_\_\_ Guaranteed Issue: Yes\_\_ No\_\_

Medical Participation %: \_\_\_\_\_ Current Broker: \_\_\_\_\_

Open Enrollment (OE) Education (*How do employees learn about benefits?*): \_\_\_\_\_

\_\_\_\_\_

1-1: Yes\_\_ No\_\_ Group Meetings: Yes\_\_ No\_\_ Current Enrollment Platform: \_\_\_\_\_

Current Worksite Benefits Carrier: \_\_\_\_\_

Rate Current OE Process Satisfaction (1-10): \_\_\_\_\_

**Needs Assessment:**

Known Facts (your research): \_\_\_\_\_

Competitive Advantage: \_\_\_\_\_

What are you most proud of about the company?: \_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you also like a quote for:

Worker's Compensation: Yes\_\_ No\_\_ Disability: Yes\_\_ No\_\_ Auto: Yes\_\_ No\_\_