

Request for Employee Benefits Information

Thank you for your interest in our expertise. We will do our utmost to assist you in pursuing other viable alternative regarding your group insurance program. In order to best serve you and to best present your group in the market place, we must obtain the following confidential information:

Employer Name _____ **Year Started** _____

Complete Mailing Address: _____

E-mail Address _____

Employee Census: You may use the attached census form if you do not already have a census listing. Also, if possible, please be sure to indicate coverage as follows: Employee Only, Employee + Spouse, Employee + Child(ren), or Employee + Family. Also, please include all active full-time employees who are eligible for coverage (a sample format is attached).

COBRA Participants: Are there any employees or dependents covered as COBRA participants or on Workers' compensation? If so, please give the same census data as requested above. Do they have any serious or long-term medical conditions?

Current Insurer: _____ **# Years** _____

Prior Insurer (last 3 years): _____

Current Plan Renewal Date: _____

Employer Premium Contribution Percentage (How much will Employer pay for):

Employee % _____ **Dependent %** _____

Current & Renewal Rates and participation (or attach bill)
(Life, AD&D, Medical, Dental, etc.):

Rate history for last 3 years, any major change in number of covered participants:
(The prior rates help us move insurance providers down from their manual rates)

Attach Current Benefit Schedule for all benefit plans offered or lines of coverage:
(Summary Page or Plan Booklet)

Current Agent or Broker? _____ **# Years?** _____

To the best of your knowledge, are there any known on-going health concerns, i.e. anyone recently hospitalized, diabetes, pregnancies, disability, heart conditions, respiratory problems, worker's compensation, cancer, mental nervous condition, or claims at or expected to exceed \$10,000, etc.? If so, please provide a brief description:

Are you currently set up under a Section 125 Cafeteria Plan or on a pre-tax basis?

Who files your 5500 or compiles your tax data?

What is the current waiting period before new hires are eligible for coverage?

What additional benefit options are offered or you would like to offer & does the employer contribute?

Are there specific plans that you have concern or questions about? Or are there specific plans you have heard about that you would like to know more about how they might work in your plan?

Thank you in advance for providing this information. This information is held confidential and will only be provided to the prospective insurers who are interested in releasing a proposal on your behalf. If you have any questions regarding our marketing search, please do not hesitate to give us a call.



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