

Employer Information

Company: _____ Date: _____
Name: _____ Phone: _____
Title: _____ Email: _____

BUSINESS PROFILE:

Nature of Business _____

Business Status: Corporation Partnership Sole Proprietor Other

Business owner/owners: _____

Single-Site Location Multi-Site Location

Total # of employees: _____ # eligible for benefits: _____

Current Carrier: _____ Renewal Date: _____

Plan Design: _____

Has your carrier & plan design been a good fit? _____

Ancillary Benefits: (Circle in force coverage)

- Dental
- Life
- Vision
- Short Term Disability
- Long Term Disability
- Supplemental Benefits

Do you have a Sec 125 or Cafeteria Plan? Yes No If yes, who is the administrator? _____

Have you attended efg&m Quarterly Luncheons? Yes No

Are you using MyHRView? Yes No MyBenefitsView? Yes No

Are you familiar with Consumer-driven health plans? Yes No

- HDHP/H.S.A's

Other cost saving strategies? Yes No

- HRA's
- MERP's

Who is administering your COBRA/Continuation? _____

Are you familiar with COBRA Subsidy? Yes No

Are you familiar with SB51 and the importance of timely notification?
 Yes No

Please rank in order of importance: (1-5)

- ____ Attract employees
- ____ Retain employees
- ____ Enhance benefits
- ____ Cut Cost
- ____ Provide Basic Coverage

BENEFIT PLAN:

EFG&M, L.P.

efg&m, L.P.