

Employer Initial Questionnaire



Company:

1. Legal Name of Business: _____
2. EIN Number: _____
3. Physical Address (HQ): _____
4. Mailing Address (If different from above):

5. Any other locations _____
6. Any Affiliated Businesses (To be covered or not):

7. Type of Corporation (C, LLC, LLP, etc) _____
8. How is the company owned/held: _____
9. Who are our best points of contact:

Name: _____
 - Phone: _____
 - Email: _____
 - Title: _____
Name: _____
 - Phone: _____
 - Email: _____
 - Title: _____
10. What is the preferred method of communication at the Employer level?
 - Email: _____
 - Cell phone: _____
 - Business phone: _____
11. Date Business was Established: _____

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12. Do you have a copy of your Articles of Incorporation (Stamped): Yes No

13. Do you have a current Business License: Yes No

14. Industry/SIC Code: _____

Employees:

15. Total Number of Employees (PT/FT/Contract):

- Number of Full Time Employees (30+ Hours): _____
- Number of Part Time Employees (29 and Under): _____
- Any Contract or Seasonal Workers: _____

16. Do you have Workers Compensation Insurance: Yes No

- Who is the Carrier: _____
- What is the Policy Number: _____
- Are all Employees covered by WC?: Yes No
- Is anyone Exempt (Owners/officers/etc..) from WC? Yes No

Benefits:

17. What do you currently offer/Current Carrier/Renewal Date:

- a. Medical:
- b. Dental:
- c. Vision
- d. Life
- e. Short Term Disability
- f. Long Term Disability
- g. 401K/Retirement Plan
- h. Ancillary Benefits

18. What is your Waiting Period? _____

19. Do you have a "Training Period" prior to the Waiting Period? _____

20. Do you currently have an Employee Handbook? _____

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21. What is your current Employer Contribution?

a. Employees _____

b. Dependents _____

22. Do you currently have a copy of Enrolled Applications/Waiver Forms? Yes No

23. Who is eligible for Benefits? _____

24. How many hours a week must an Employee Work to be eligible? _____

25. Do you believe that you are currently in compliance? Yes No

a. Would you like us to review? Yes No

26. What has been your thought process behind your current Benefits package?

Other Items:

27. How has Open Enrollment been held in the past? _____

28. What has/has not worked?

29. Would you be open to an Online Enrollment System for your Employees? Yes No

30. Are most of your Employees fluent/competent in English? Yes No

a. If not- which languages are they comfortable in? _____

31. What is your Payroll Cycle? _____

32. How often do you deduct Employee Contributions? _____

33. Are you currently Pre-Taxing any Employee Contributions? Yes No

34. Do you have a Section 125/Cafeteria Plan in Place? Yes No

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35. In regards to Benefits: how are you currently handling New Hires and Terminations?

36. Do you have any COBRA policies in place? Yes No

37. What are your biggest pain points when it comes to your benefits package?

38. Any other Items you would like to discuss that we have not covered?
