Client Questionnaire

Company Name _____

First Name _____ Last Name _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Business entity type ☐ Sole Proprietor ☐ Partnership ☐ S Corporation ☐ LLC ☐ Other _____

Is your business entity domiciled in Colorado? ☐ Yes ☐ No

Do you have an office outside of Colorado? ☐ Yes ☐ No

Do you have out-of-state employees? ☐ Yes ☐ No

Do you have Common Ownership in any other business entities? ☐ Yes ☐ No

Does the business have W2 employees other than the owner and spouse? ☐ Yes ☐ No

How many employees working 30+ hours did you have on payroll in the last 12 months? # _____

How many employees currently on payroll work 30+ hours per week? # _____

How many employees currently on payroll work less than 30 hours per week? # _____

How many seasonal (less than 120 non-consecutive days per calendar year) do you have? # _____

What is your current probationary period for a new hire to be eligible for coverage?

☐ 1st of the month following ☐ 30 days ☐ 60 days or ☐ Date of Hire ☐ 90 days / Immediately

What is the number of hours worked to be eligible? # _____

Do you currently determine eligibility based on class of employee? ☐ Yes ☐ No

If yes, what class division do you use? (e.g., management v. non-management, hourly v. salary) _____

Do you have terminated employees currently on COBRA /State Continuation? ☐ Yes ☐ No

Do you have any 1099 /contract employees? ☐ Yes ☐ No

How much do you contribute towards your employee's medical benefits? $ _____ or % _____

Payroll frequency ____ 12 (monthly) ____ 24 (semi-monthly) ____ 26 (bi-weekly) ____ 52 (weekly)

Do you contribute towards the dependent's medical benefits? ☐ Yes ☐ No $ _____ or % _____

Do you currently offer Ancillary coverage to your employees? (check all that apply)

☐ Dental ☐ Vision ☐ Life ☐ LTD ☐ STD ☐ Employer Paid or ☐ Voluntary

How much do you contribute towards your employee's ancillary benefits? $ _____ or % _____

Do you contribute towards the dependents ancillary benefits? ☐ Yes ☐ No $ _____ or % _____

Does the group have Medicare eligible beneficiaries? (employee and/or dependents? ☐ Yes ☐ No

Do you have a Premium Only Plan (POP) for pre-tax treatment of employee contributions? ☐ Yes ☐ No

If yes, is your plan document up to date? ☐ Yes ☐ No

Is your ERISA (SPD) plan document up to date? ☐ Yes ☐ No

Do you need a general list of Employer Model Notices? ☐ Yes ☐ No

Do you use a payroll company? ☐ Yes ☐ No If yes, which company? _____

Are you interested in offering Ancillary coverage to your employees? (check all that apply)

☐ Dental ☐ Vision ☐ Life ☐ LTD ☐ STD ☐ Employer Paid or ☐ Voluntary

Would you like to see how adding supplemental voluntary benefits, at no cost to you, can complement your existing medical plan and help offset rising healthcare costs? ☐ Yes ☐ No

Completed by: _____ Date: _____