



Employer Group Fact Finder

GROUP NAME: _____ AGENT: _____ DATE: _____

- 1) Are there any other decision makers we should include in this meeting?
- 2) What do you expect/look for in an agent?
- 3) When was the company established? Is it domiciled in California?
- 4) Do you have multiple locations/corporations? Are there any out of state employees? Are there any disabled employees of dependents?
- 5) How long have you been with your current carrier? How many EE's currently enrolled? COBRA?
Type of plan (i.e. HMO, PPO, POS, Self-funded, HSA, Multiple options?)
Previous carrier? How long? Number of EE's enrolled?
- 6) Would you make any changes on your existing employee benefit package?
- 7) Do you want to offer employees multiple plans? Would you consider a high deductible plan? Would you consider HSA or HRA?
- 8) What is your budgeted ER contribution (% or \$) toward EE and Dependent premiums?
- 9) If defined EE contribution, will the balance, if any, be applied to dependent cost?
- 10) Do you have a class of employees that are currently excluded from your plan? If so, who?
- 11) What doctors/hospitals are important to you, your spouse, or your upper management?
- 12) Do you have a high turnover of employees?
- 13) Who is your Worker's Comp Carrier? What is the renewal date?
- 14) If you were to make a change, what is your target effective date?
- 15) Review timeline for implementation.
- 16) **Review Required Documents:** Current Quarter DE-6, Current Bill(s), Copy of Current Plan of Employee Benefits (Medical, Dental, Vision)
 - a. How many employees were on your DE-6 in the previous calendar quarter? If over 50 employees, call Shelley @ Price Associates or email shelley@priceassociates.com
 - b. All W-2 EE's? Any 1099, Union or Seasonal EE's (# of months per year)? If 1099, are you willing to make W-2?