Small Group Benefits Questionnaire

Please complete the form to the best of your abilities

Name of Prospect/Company:			
Company Contact:		Plan Effective Date:	
Company Address:	City	State	Zip Code
Above address the group headquarters?	☑ Yes	☐ No	If no, please provide:
Company Phone:		Email:	
Date the business was established:		Payroll start date:	
Is the Company on a PEO for payroll and/or benefits?		☑ Yes	☐ No
Does your company currently have a HRIS or Benefits on-boarding system?		☐ Yes	☑ No
Type of Business/Industry (SIC code):			

Business entity type:	Sole Prop? ☐	Partnership ☐	Corporation ☐	LLC? ☑	Other?
Worker's Comp Carrier			Renewal date?		
Are there any affiliated entities/companies?	☐ Yes	☐ No	If so, please list:		
How many full-time eligible EEs?	Part time coverage? ☐ Yes	☐ No? How many? _____			
Total number of full time equivalent (FTE) employees:					
Number of eligible employees located outside CA:					
Number of COBRA/Cal-COBRA participants?	# of employees on leave of absence?				
All employees W-2? ☐ Yes ☐ No	# Owners that are W2? ☐ Yes ☐ No	# Contract/1099's?			
Who is not covered on the current plan?					
Employer Contribution for EE? _____% or $_____.	Dependent Contribution? _____% or $_____.				
Current group health plan design?	☐ HMO	☐ PPO	☐ No Prior Coverage		
Likes/dislikes about your current plan?					
What do you currently offer?	☐ Medical	☐ Dental	☐ Vision	☐ Life	☐ LTD	☐ Other
Current carrier(s) & renewal date(s):					
Current/renewal rates available? ☐ Yes ☐ No	Current billing available? ☐ Yes ☐ No	Which?			
Likes/dislikes about your current plan?					
Why are you shopping for new coverage?					
Upgrade/downgrade benefits?					
What specific medical/dental benefits are important to you?					

BERRY FINANCIAL & INSURANCE SOLUTIONS
Phone: (707) 893-7695 | (707) 876-4304 | 425 Riesling Street Cloverdale, CA 95425 | info@berryfinancial.net