

*Benefit Questionnaire*

**Enlightenment Insurance Agency, Inc.**

**Attn; Tom Giordano (516) 236-8350**

**Fax to: (516) 706-0131**

**Company Name:** \_\_\_\_\_

**Name & Title:** \_\_\_\_\_

**Who handles Insurance(s):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**# of Full-time Employees:** \_\_\_\_\_

**# of Part-time (20+ hrs wk):** \_\_\_\_\_

**HEALTH:**

**Do you currently have Health Insurance?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, What Carrier?:** \_\_\_\_\_

**If No, would you be interested in a quote?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you cover employees?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have an:** HMO \_\_\_\_\_ POS \_\_\_\_\_ PPO \_\_\_\_\_ Don't Know \_\_\_\_\_

**What are you Rates?:** Single \_\_\_\_\_ Husband/Wife \_\_\_\_\_

Employee & Child(ren) \_\_\_\_\_ Family \_\_\_\_\_

**What are your Co-Pays?:** Primary \_\_\_\_\_ Specialist \_\_\_\_\_

Hospital \_\_\_\_\_

Prescription \_\_\_\_\_

**Any Deductibles?:** \_\_\_\_\_

**Other specifics of Plan:** \_\_\_\_\_

\_\_\_\_\_

**DENTAL:**

**Do you currently have Dental Insurance?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, What Carrier?:** \_\_\_\_\_

**Do you cover employees?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If you don't currently have Dental, would you be interested in a Quote?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**NY STATE DISABILITY: Would you be interested in a decreasing your cost?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**WORKERS' COMPENSATION:**

Who is your current carrier?: \_\_\_\_\_

Would you be interested in a quote?: Yes \_\_\_\_\_ No \_\_\_\_\_

**PROPERTY & CASUALTY(Liability/Fleet/Property):**

Who is your current Carrier?: \_\_\_\_\_

Would you be interested in a quote?: Yes \_\_\_\_\_ No: \_\_\_\_\_

**RETIREMENT PLANNING:**

Do you have a Retirement Plan in place?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is it a 401K plan?: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

If No, would you be interested in a quote? Yes \_\_\_\_\_ No \_\_\_\_\_

**COLLEGE SAVINGS PLAN:**

If there are children (yours or your employees) who would go to college one day, have you implemented a "529 College Savings Plan"?:

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, would you be interested in a quote?: Yes \_\_\_\_\_ No \_\_\_\_\_

**LIFE INSURANCE:**

Do you feel you have enough Life Insurance?: Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in additional coverage?: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want a competitive Group Plan quote for you & your employees?: Yes \_\_\_\_\_ No \_\_\_\_\_

**LONG TERM CARE COVERAGE:**

Have you planned for the possibility that you or your spouse might require Long Term Care Coverage?: Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in receiving several competitive quotes from Carriers that specialize in this?: Yes \_\_\_\_\_ No \_\_\_\_\_

**VOLUNTARY BENEFITS:**

Would you be interested in the following coverage(s) for your employees that they fully pay for (not you) & it's portable:

Cancer Care: Yes \_\_\_\_\_ No \_\_\_\_\_

Short-Term Disability: Yes \_\_\_\_\_ No \_\_\_\_\_

Accident: Yes \_\_\_\_\_ No \_\_\_\_\_

Critical Illness: Yes \_\_\_\_\_ No \_\_\_\_\_

Vision: Yes \_\_\_\_\_ No: \_\_\_\_\_