Texas Health Now PLLC Small Group Needs Analysis

Name of Company:	
SIC Code:	
Year business established:	In what state:
	another state when did you file with the State?
Business Structure: (check one)	Sole proprietorship Partnership S Corp C Corp
Other pertinent facts about bu	isiness structure or ownership:
What year (including month) did t	the company begin payroll?
How are the owners compens	ated? (check one)
Payroll as employees	or K-1 dividends
Other (explain)	
Do you have a current TWC R	eport (Texas Workforce Commission Report)?
a) For which quarter and year	r?
Owner/Principal:(name)	
Type of Business:	
(Brief explanation)	
Primary contact for quotes: _	
Title:	
Phone:	
Email	
Address:	
City:	Texas Zip

1) Number of full-time employees	Total Employees
• • •	(Including seasonal and part-time)
2) Do you have at least one full time emp	loyee that is not a family member?
Yes/No (Full time for insurance purpo	oses is defined as work 30+ hours per week)
3) Current Health Insurance Company: (If applicable)	
4) What percentage of the health insuran Certain Percentage (%) De	oce does employer pay for the employee?
5) How long have you had group health	insurance (if applicable)?
a) Name of current insurance compan	ny
6) _Do you currently work with a group he	ealth insurance broker_(Yes/No)
7) If yes, what is your relationship like w	rith the broker
B) Do you have a copy of your current h Yes/No If so please forwa	
General Comments:	