



1) **Number of full-time employees** \_\_\_\_\_ **Total Employees** \_\_\_\_\_  
(Including seasonal and part-time)

2) **Do you have at least one full time employee that is not a family member?**  
**Yes/No** \_\_\_\_\_ (Full time for insurance purposes is defined as work 30+ hours per week)

3) **Current Health Insurance Company:** \_\_\_\_\_  
(if applicable)

4) **What percentage of the health insurance does employer pay for the employee?**  
**Certain Percentage (%)** \_\_\_\_\_ **Dollar Amount each month (\$)** \_\_\_\_\_

5) **How long have you had group health insurance (if applicable)?** \_\_\_\_\_  
a) **Name of current insurance company** \_\_\_\_\_

6) **Do you currently work with a group health insurance broker (Yes/No)** \_\_\_\_\_

7) **If yes, what is your relationship like with the broker** \_\_\_\_\_

8) **Do you have a copy of your current health insurance plan summary?**  
**Yes/No** \_\_\_\_\_ **If so please forward with this document**

**General Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_