
Employee Benefits Survey

Prepared for: _____

Prepared by: _____

Date: _____

Name of firm: _____
 Address and phone: _____
 Type of business: _____

Which of the following employee benefit plans is the business:

Already Using	Interested In	
_____	_____	Group Life Insurance
_____	_____	Group Health Insurance
_____	_____	Group Disability Income
_____	_____	Group Carve Out
_____	_____	Salary Continuation
_____	_____	Deferred Compensation
_____	_____	Selective Bonus (IRC Section 162)
_____	_____	Post-Retirement Death Benefit
_____	_____	Traditional Individual Retirement Accounts (IRA)
_____	_____	401 (k) Plan
_____	_____	Premium Only Plan/Flexible Spending Account/Cafeteria Plan
_____	_____	Pensions
_____	_____	Profit Sharing
_____	_____	Tax Deferred Annuity
_____	_____	Split Dollar
_____	_____	Salary Savings/Payroll Deduction
_____	_____	Key Person Insurance
_____	_____	Supplemental Executive Retirement Plans (SERPs)
_____	_____	Simplified Employee Pensions (SEPs)
_____	_____	SIMPLE Plans
_____	_____	Business Overhead Expense Insurance

Which do you feel is most important to you now? _____

What are two areas you think I can assist with? _____

How much can you and the business pay each month to handle these needs? _____

What are your objectives for this business providing security for you and your family? _____