## Employee Benefits Survey

Prepared for: \_\_\_\_\_\_
Prepared by: \_\_\_\_\_\_
Date:

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 Name of firm:

 Address and phone:

 Type of business:

Which of the following employee benefit plans is the business:

Already Using	Interested In	
j		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

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?	Which do you feel is most important to you now?	
month to handle these needs?         What are your objectives for this business	What are two areas you think I can assist with?	
	month to handle these needs? What are your objectives for this business	