ALEXANDER EDDY
INSURANCE AND
FINANCIAL SERVICES

EMPLOYER QUESTIONNAIRE FORM

COMPANY INFORMATION

Employer Name	Industry
SIC Code (If known)	Business Type
Form of Entity: ☐ LLC ☐ LLP ☐ Partnership ☐ Sole Proprietor ☐ S. Corporation ☐ C Corp.	
Contact Person: Title Email Address:	Business Number : Telephone : Fax Number:
Decision Maker: Title Email Address:	Business Number : Telephone : Fax Number:
Do you have an active Business License? ☐ Yes ☐ No	Do you have a copy of your Employer Wage and Tax Statement Available ? ☐ Yes ☐ No

MEDICAL PLAN INFORMATION

Current Carrier History (for the past 5 years)		**Type Plan** (e.g. HMO, PPO, POS)	**Employer Contribution**	
			EE (Must be between 50-100%)	**DEP** (maybe between 0-100%)
1.	How Long?		%	%
2.	How Long?		%	%
3.	How Long?		%	%
4.	How Long?		%	%
5.	How Long?		%	%

Are employees covered by Workers Compensation Insurance? ☐ Yes ☐ No	**Do you want to make health coverage available to Domestic Partners?** ☐ Yes ☐ No
When is the Renewal of your Company's Plan? (mm/dd/yy)	

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CENSUS INFORMATION

(CENSUS MUST BE IN EXCELL FORMAT and must include: EE names, DOB, Home Zip code, Sex Choice of plan HMO/PPO/POS, Dep. Status)

Total number of employees in each category:		**Do you intend to offer coverage to the following categories of employees ?**		
			YES	**NO**
Full-Time		Full-Time		
Permanent Part-time		Permanent Part-time		
Other Employees:		Other Employees:		
Temporary Agency		Temporary Agency		
COBRA		COBRA		
Retired		Retired		
Disabled		Disabled		
Family Medical Leave Act		Family Medical Leave Act		

The following are also necessary for Group Quotes. Kindly submit the following documents together with the Employer Questionnaire Form:

1. Existing benefit description or copy of Employee Benefit Booklet.

2. Copy of latest billing statement for each line of coverage showing names of covered employees.
3. List of claims paid in excess of $15,000 per member including diagnosis and dollar amount and whether the claim is still continuing.
4. Last two or three years insurance carriers, if available
5. Narrative regarding the company, its products, financial status and identification of owners, as well as key employees and form of business (corporation, partnership, proprietorship).
6. Effective date of plan to be used in the quote: _____

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