

BDG

the Benefits Design Group, LLC

Group Information Form

Company Name: _____
Address 1: _____ City: _____ State: _____ Zip: _____ County: _____
Contact Name: _____ Title: _____
Phone: _____ Fax: _____ Cell: _____
Email: _____
Nature of Business: _____

Other Business Locations:

Address 2: _____ City: _____ State: _____ Zip: _____ County: _____
Address 3: _____ City: _____ State: _____ Zip: _____ County: _____
Address 4: _____ City: _____ State: _____ Zip: _____ County: _____

Years in Business: _____ # of pay periods per year: _____

Total # Employees: _____ # of Full-Time: _____ # of Part-Time: _____
of Union: _____ Are they currently covered under a separate contract? Yes No

Do employees share in the premium?	Yes No	If yes, in what way: _____
Do you have a Section 125 plan?	Yes No	If yes, TPA name: _____
Do you offer an FSA or HRA?	Yes No	If yes, TPA name: _____
Do you administer COBRA/HIPAA in-house?	Yes No	If no, TPA name: _____
Do you have a 401(k), or Profit Sharing plan?	Yes No	If yes, Provider/Fund name: _____
Are you a chamber of commerce member?	Yes No	If yes, what chamber alliance: _____

Medical Carrier: _____ Plan Type/Name: _____
Renewal Date: _____ # on current plan: _____ # waiving: _____ # on COBRA: _____
Deductible: _____ Coins: _____ to _____ OV Copay: _____ Rx Copay: _____ IP/OP Copay: _____

Dental Carrier: _____ Plan Type/Name: _____
Renewal Date: _____ # on current plan: _____ # waiving: _____ # on COBRA: _____
Deductible: _____ Preventative: _____ % Basic: _____ % Major: _____ % Max: _____ Ortho Benefit: _____

Group Life Carrier: _____ Amount: _____
Renewal Date: _____ # on current plan: _____ # waiving: _____

Group Vision Carrier: _____ Plan Design: _____
Renewal Date: _____ # on current plan: _____ # waiving: _____ # on COBRA: _____

Short Term Disability Carrier: _____ Plan Design: _____
Renewal Date: _____ # on current plan: _____ # waiving: _____

Long Term Disability Carrier: _____ Plan Design: _____
Renewal Date: _____ # on current plan: _____ # waiving: _____

Voluntary Benefits: _____

Additional Comments: _____
