

Small Group Questionnaire

Please be as detailed as possible and contact us with questions!

Medical

COMPANY INFORMATION

Business Name: _____ Date Established: _____

Business Address: _____ Zip Code: _____ County: _____

Business Filed in CA or another State? CA Other: _____ Industry (SIC): _____

Type of Business: Sole Prop Partnership Corp LLC Other: _____

Is a DE9C available? Yes No -- If No, What corporate documents are available? _____

Does the Company have Workers Compensation Insurance: Yes No

Does the Company use a PEO for Payroll/Benefits: Yes No -- If Yes, Is company leaving the PEO? Yes: date _____ No

What is the relationship with your current broker? _____

EMPLOYEE INFORMATION

Full-Time Equivalents (FTEs): _____ Are there any affiliated companies? Yes No

Full-Time Employees: _____ Are owners on the DE-9C? Yes No

COBRA/Cal-COBRA: _____

Are any employees outside CA? Yes No If yes, # Out-of-State Employees: _____

Are part-time EE's offered coverage? Yes No If yes, # Part-Time Employees: _____

Are 1099's offered coverage? Yes No If yes, # 1099's contractors: _____

of employees on leave of absence: _____

of employees declining due to cost: _____

waiving for other group coverage: _____ (for example: spousal coverage, or through another job)

BENEFIT INFORMATION

Payroll Deduction Contribution Strategy

Is contribution based on how much the employer pays, or employee pays? Employer Employee

Is contribution based on percent of premium or a flat dollar amount for all employees? % Percent Flat \$

Is contribution applied evenly across any plan selection, or to be tied to a base plan? All Base plan

Contribution amount: _____

Does employer contribute toward the cost of dependent premium? Yes No

If yes, contribution amount: _____

Medical Benefits

Renewal Date: _____

Are current/renewal rates available? Yes No

For quote accuracy it is very important to review current and renewal invoices. You can upload documents securely via the link on page 3

What do you like about your current plan?

What do you dislike about your current plan?

HMO EPO PPO CDHP

Full Network

Narrow Network

What is the primary reason in looking for alternative options?
(market evaluation, rates, benefits, health needs etc)

How soon are you looking to change benefits?

Small Group Questionnaire

Ancillary (Dental, Vision, Life, Short Term Disability, etc)

What is the primary reason in looking for alternative options? (market evaluation, rates, benefits, etc)

How soon are you looking to change benefits?

CONTRIBUTION STRATEGY

What type of coverage are you looking to offer? Employer sponsored Voluntary

(Typically voluntary benefits allow 0-50% employer contribution, while employer sponsored requires minimum 50% employer contribution)

Is contribution structure based on how much the employer pays, or employee pays? Employer Employee

Contribution amount: _____

Does employer contribute toward the cost of dependent premium? Yes No

If yes, contribution amount: _____

BENEFITS*

Current Dental Carrier: _____ Renewal Date: _____

Are current/renewal benefits available? Yes No Are current/renewal rates available? Yes No

What plan types do you...	HMO	PPO	POS	In-Network Only	Monthly Switch Plans (HMO/PPO combined)
currently offer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
want to offer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Dental, what is most important: _____

Current Vision Carrier: _____ Renewal Date: _____

Are current/renewal benefits available? Yes No Are current/renewal rates available? Yes No

For Vision, what is most important: _____

Current Life Carrier: _____ Renewal Date: _____

Are current/renewal benefits available? Yes No Are current/renewal rates available? Yes No

What plan types do you...	Flat Life Amount	Amount based on Salary	Amount based on Job Class
currently offer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
want to offer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Life/AD&D, what is most important: _____

Current Disability Carrier: _____ Renewal Date: _____

Are current/renewal benefits available? Yes No Are current/renewal rates available? Yes No

What plan types do you...	Long Term Disability (LTD)	Short Term Disability (STD)
currently offer?	<input type="checkbox"/>	<input type="checkbox"/>
want to offer?	<input type="checkbox"/>	<input type="checkbox"/>

For accurate rating, can you provide Salary and Job Title for all employees? Yes No

For Disability, what is most important: _____

* Having a current and/or renewal rates and benefits available will ensure the best comparison to proposed options.

Small Group Questionnaire

Administrative and Compliance

ADMINISTRATIVE SERVICES

Do you currently offer any of the following:

If yes, with which administrator?

If no, would you be interested in learning more?

- COBRA Administration
- Dependent Care (DCAP)
- Employee Assistance Program (EAP)
- Flexible Spending Account (FSA)
- Health Reimbursement Account (HRA)
- Health Savings Account (HSA)
- Online Administration
- Payroll Services
- POP/Section 125
- Tele-medicine

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

COMPLIANCE SERVICES

Do you currently use a service for any of the following:

If yes, with which administrator?

If no, would you be interested in learning more?

- ACA Reporting (FTE, affordability etc)
- ERISA Wrap
- Form 1094/1095 Filing
- Form 5500
- HR Services

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No



email: adam@cakebenefits.com Phone: (805)601-7878
CA license 0N05359

CLICK [HERE](#) TO UPLOAD AND SEND SECURELY