



Employee Benefits Survey

Prepared for:

Provided by:

Business name: _____

Address: _____

Telephone: _____

Type of business: _____

Which of the following employee benefit plans is the business:

**Already
Using**

**Interested
In**

Group Life Insurance
Group Health Insurance
Health Savings Accounts
Group Disability Income
Group Carve Out
Salary Continuation
Deferred Compensation
Selective Bonus (IRC Section 162)
Post-Retirement Death Benefit
Individual Retirement Accounts (IRA)
401 (k) 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 employee benefit plan do you feel is most important to you now? Why?

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 in regard to your business providing financial security for you and your family?

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

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