

Employee Benefits Program Review – Data Sheet

In order to complete the employee benefits review process, please submit as much of the information listed below as possible.

Employee Census

Complete payroll list to include:

- Gender
- Date of Hire
- Date of Birth
- Family Status (i.e., single employee, employee & spouse, employee & child(ren), family)
- Employee Status (i.e., full time or part time)
- Employee participation for each plan (company sponsored & voluntary)
- Compensation, including all components covered for benefits (i.e., base salary, bonuses, overtime or commissions...for life & AD&D, short-term, and long-term disability only)
- Occupation (for life & AD&D, short-term, and long-term disability only)
- Geographic Location (home zip code, city & state if available)
- Notation of employees in waiting periods or continuing coverage under COBRA and or Retirees

Program Documentation

For fully-insured contracts:

- Company name, address, additional locations (if applicable), nature of business and SIC
- Medical/Health Plan Master Contract (booklet certificate)
- Life/AD&D certificate
- Dental Master Contract
- Vision Master Contract
- Long-Term Disability certificate
- Long-Term Care Contract
- Employee communication pieces for past 24 months (amendments & plan changes)
- Section 125 (Cafeteria Plan) document, if applicable
- Current rates for all plans if set up on self billing statement
- Copy of current billing statement by line of coverage
- Employer contribution strategy
- Carrier experience for the previous five years

For partially-insured contracts:

- Master document for each plan (medical, dental, vision)
- Copy of each reinsurance (stop-loss) policy
- Third Party Administration (TPA) agreement
- Copy of current Prescription Benefit Management (PBM) contract
- Employer contribution strategy
- Employee communication pieces for past 24 months (amendments & plan changes)
- Current administrative fees, reinsurance rates and factors
- Employer contribution strategy

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Loss Experience

For fully and partially insured contracts:

- Paid premiums and claims for each of past 24 months
- Enrolled employees for each of past 24 months
- Individual claims exceeding \$15,000 (or 50% of the current specific level if partially-insured) during the past 24 months with diagnosis and prognosis
- Ongoing medical conditions with diagnosis and prognosis
- Life insurance and LTD claims history

Retirement Benefits

- Type of organization (c-corporation; s-corporation; partnership, non-profit)
- Single location or multiple sites
- Type of plan(s) (profit sharing; 401(k); defined benefit, etc.)
- Size of employer match (automatic or discretionary)
- Size of plan(s) (number of participants; percentage of participation; assets' and annual contributions (employee plus employer))
- Vesting schedule
- Who holds the assets? Are they daily valued or balance forward? Are there restrictions on moving assets?
- Trustees?
- Any unusual plan features?