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Group Benefits Quote Request

Date:	
Company Name:	
Primary Contact:	
Street Address:	
City, State, Zip:	
Mailing Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
e-mail address:	
Website address:	
Tax ID Number:	
What type of business is your company engaged in?	
How long has your company been in business?	
What is the Standard Industry Classification (SIC) code?	
What is the company tax structure (C Corp, S Corp, Partnership, etc)?	
Are there any affiliated businesses? Common Ownership?	
# of Employees:	
Full Time:	
Part Time:	

<u>What coverage do you currently offer?</u>	<u>Insurance Company Name</u>	<u>Type of Coverage</u>
Medical:		
Dental:		

Vision:		
Life:		
Disability:		
Other:		

What contribution does the employer make toward employee costs?		dependents?	
# of insurance carriers in the last 5 years?			
Does your plan exclude certain classes of employees?			
What are the weekly hours to be eligible for benefits?			
What is the waiting period for benefits?			
Current Renewal Date			

***Please provide a copy of your current rates to help us build comparisons to the market

Do you offer a retirement plan?	
Do you offer any voluntary products?	
Do you have a Cafeteria Plan?	
Do you use a payroll service?	
How many payroll deduction periods in a year?	

Are there any special health situations that we need to be aware of?	
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What do you like/dislike about your current coverage, service, & agent?	(please describe)
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What is the reason for shopping your benefits at this time?	
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