



# Company Benefit Profile

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

## Business Structure

Sole Proprietor     C-Corp     Partnership     Sub-chapter S-Corp     LLC

## Employee Breakdown *(Include the total number in each section)*

Full-time employees \_\_\_\_\_ Permanent part-time employees (20+ hrs.) \_\_\_\_\_  
 Management \_\_\_\_\_ Officers \_\_\_\_\_  
 Employees hired in last 12 months \_\_\_\_\_ Employees with 2-4 years of service \_\_\_\_\_

## Employee Demographics

Number of employees who are between the ages:

18-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51-60 \_\_\_\_\_ over 60 \_\_\_\_\_

Number of married employees \_\_\_\_\_

Number of single parents \_\_\_\_\_

Number of employees using day care \_\_\_\_\_

Salary range (including base salary, bonuses, etc.):

\$20,000 or less \_\_\_\_\_ \$21,000-\$35,000 \_\_\_\_\_ \$36,000-\$50,000 \_\_\_\_\_  
 \$51,000-\$80,000 \_\_\_\_\_ \$81,000-\$100,000 \_\_\_\_\_ \$101,000 or above \_\_\_\_\_

Are all employees in one location?     yes     no

How many company locations?    in-state \_\_\_\_\_ multi-state \_\_\_\_\_



**Allstate**

Workplace Division

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## Current Benefits

### Health Insurance

Traditional Major Medical  HMO  PPO

Deductible \_\_\_\_\_

Co-pay \_\_\_\_\_

Out of Pocket Max. \_\_\_\_\_

Is there "first dollar" coverage for accidents?  yes  no

Employer contribution \_\_\_\_\_

Employee contribution \_\_\_\_\_

### High Deductible Health Plan

### Group Life Insurance

Base death benefit \_\_\_\_\_

Can employee "buy up"?  yes  no

What is the maximum limit? \_\_\_\_\_

How many employees "buy up" to maximum amount? \_\_\_\_\_

Spouse/child coverage?  yes  no

What is the maximum limit? \_\_\_\_\_

### Disability Income

Short-Term  Long-Term

Employer/employee paid? \_\_\_\_\_

Benefit level (\$ or %) \_\_\_\_\_

Elimination period \_\_\_\_\_ days

### Section 125

Does a plan exist?  yes  no

POP  FSA  Flex Dollar

*Are they satisfied with the plan administration and communication?*  yes  no  
*Ask to see the plan document.*

*Has form 5500 been filed?*  yes  no

### Pension/Retirement plan

401(k)  403(b)  Other

What is the company contribution?

*Are they satisfied with the plan administration and communication?*  yes  no

### Voluntary benefits

Do they offer other plans?  yes  no

What do they offer? \_\_\_\_\_

\_\_\_\_\_

*Are they satisfied with the plans, including administration, billings, claims, enrollment service, etc.?*  yes  no

### Workers' Compensation

Have the rates been stable?  yes  no

### Non-Insurance benefits

Vacation/personal days \_\_\_\_\_

Can days be accumulated?  yes  no

Paid Holidays \_\_\_\_\_

Sick days \_\_\_\_\_

Can days be accumulated?  yes  no

Education reimbursement \_\_\_\_\_

Other: \_\_\_\_\_

(examples: cell phones, uniforms, discounts, trips, picnics, credit unions)

### Executive Benefits

Is there an Executive Salary Continuation Plan?  yes  no

Is it written and executed?  yes  no

Does your company have a Business Continuation Plan?  yes  no

Do you offer Long Term Care?  yes  no

## Communication

How are employee benefits communicated? \_\_\_\_\_

## Issues

What is your most pressing problem/issue with your current benefits package? \_\_\_\_\_

What message do you want your benefits package to send to your employees? \_\_\_\_\_

If you could make any changes, what might they be? \_\_\_\_\_