

Group Benefits Information Sheet

Erickson Financial Services

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DATE

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Thank you for your interest in having us quote and analyze your benefits.
 Sheet 1 contains a list of information that will help us with the process of developing competitive & accurate comparisons.
 Sheet 2 contains a preformatted form for employee census data.
 Please complete the following information & e-mail back to us at info@efsbenefits.com
 Please call with any questions.

Company Name	
Primary Contact	
Physical Address	
Mailing Address	
Phone Number	
Fax Number	
e-mail address	
website address	

What type of business does your company do?	
How long has your company been in business?	
What is the Standard Industry Classification (SIC) code?	
What is the company tax structure?	
Are there any affiliated businesses?	
# of Employees:	
Full Time	
Part Time	

What coverage's due you currently offer?	Insurance Company Name	Type of Coverage
Medical		
Dental		
Vision		
Life		
Disability		
Other		

What contribution does the employer make toward employee costs? dependents?

of insurance carriers in the last 5 years?

What is the waiting period for eligibility for benefits?

Renewal Date

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

Do you offer a retirement plan? (please describe)

Do you offer any voluntary products?

Do you have a Cafeteria Plan?

Are there any special health situations that we need to be aware of? (please describe)

What do you like most & least about your current coverage, service, & agent? (please describe)

What is the reason for shopping your benefits at this time?

[PLEASE CLICK TO ACCESS CENSUS SHEET.](#)

