

BENEFITS ANALYSIS PROFILE

Today's Date: _____ BPS Associate's Name: _____

BPS Associate's Phone: _____ BPS Associate's E-mail: _____

RETURN COMPLETED FORM TO: BPS ASSOCIATES at E-mail: mark@synergylink.net Phone: (949) 559-4912

PLEASE NOTE: All Information Will Be Held In Strictest Confidence

BUSINESS GENERAL INFORMATION

Name of Business: _____ Fiscal Year End: _____

Business Street Address: _____ SIC Code: _____

Website: _____ Phone: _____ Fax No: _____

Primary Contact's Name: _____ E-mail: _____

Title: _____ Phone No. _____

Type of Business: C-Corp S-Corp LLC LLP PC Partnership Non-Profit

EMPLOYEE INFORMATION

No. of Full-time Employees (including all subsidiaries): _____ No. of Out-of-State Employees: _____

No. of Union Employees: _____

CURRENT PLAN INFORMATION

TYPE OF PLAN	Date Installed	Renewal Date	INSURANCE CARRIER

BUSINESS OBJECTIVES

Please rank each of the following from 1 to 5 (with 1 being the most important and 5 being the least)

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| <p>___ Realize Considerable Savings On Medical Plan Expenses</p> <p>___ Improve Plan Benefits</p> <p>___ Consider Self-Funding</p> <p>___ Be Provided With A Comprehensive Marketplace Analysis</p> <p>___ Be Provided With Reasonable Funding Alternatives</p> <p>___ Be Provided With Info To Attract and Retain Superior Employees In Our Industry</p> | <p>___ Receiving Info On Cafeteria Plan (Sec. 125)</p> <p>___ Receiving Info On Dental</p> <p>___ Receiving Info On Vision</p> <p>___ Receiving Info On Disability Protection</p> <p>___ Receiving Info On Voluntary Benefits</p> <p>___ Retaining Current Broker</p> |
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