Client Questionnaire

Referred by:

Company Name		Effective Date
DBA Name		
First Name	Last name	
Address	City	State Zip
Phone	Email	
Business Entity Type	S Corporation	Other
Is your business entity domiciled in Colorado? \Box Yes \Box No	Who owns the Business	s entity?
Do you have an office outside of Colorado? \Box Yes \Box No	SIC: Job Des	cription:
Do you have out-of-state employees?	If Yes:	Employees in
Do you have Common Ownership in any other business entities?	□ Yes □ No	
Does the business have W2 employees other than the owner and spouse?	□ Yes □ No Hov	v long has payroll been run?
How many employees working 30+ hours did you have on payrol		
12 months?	#	
How many employees currently on payroll work 30+ hours per w How many employees currently on payroll work less than 30 hou		
week?	#	
How many seasonal (less than 120 non-consecutive days per cale do you have?	endar year) #	
	#	
What is your current probationary period for a new hire to be eli	gible for coverage?Start dat	te will be First of Month following:
□ 0 days □ 30 days □ 60 days		vs 🗆 Other
	do, what is it?	-
What is the number of hours worked to be eligible? #		
What is your definition of a full-time employee?		
Do you currently determine eligibility based on class of employee		
If yes, what class division do you use? (e.g., management v. non-		
Do you have terminated employees currently on COBRA /State C	ontinuation? 🗌 Yes	□ No
Do you have any 1099 /contract employees? Yes No		
How much do you contribute towards your employee's benefits?	\$	
Do you contribute towards dependents?	If you do, how much?	\$ or %
How often do you run payroll? 2	6 How often would y	ou want withholdings done?
Do you use a payroll company? 🗆 Yes 🛛 No:	If yes, which company?	



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Medical	Dental	ering to your emplo	Dyees? (check a □ Life		LTD			□ Voluntary
What is most imp	ortant to you abou Copay plan	t your benefits prog □ Prescriptions	ram?	remium	🗆 Other			
Please include pla	in information, if po	ossible:						
Are you interested	d in Ancillary covera	age? 🗆 Yes	🗆 No					
-	-	luntary benefits, at an and help offset r	-		□ Yes	□ No		
Do you do pre-tax	withholdings of en	nployee contributio	ns? 🗌 Y	es 🗆 N	0			
Do you have a Pre	emium Only Plan (P	OP) for pre-tax trea	tment of emplo	oyee cont	ributions?	\Box Yes	□ No	
Are you ERISA cor	npliant? 🛛 🗌 Ye	es 🗆 No						
The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans and the employers who provide them. ERISA applies to private employers that offer employer-sponsored health insurance coverage and certain other benefits to 2+ employees. The ERISA requirements are enforced by the Department of Labor via audits and the penalties are collected by the IRS. One of the biggest complications to an ERISA audit is that it opens a door for a Department of Labor audit and the penalties can open the door for an IRS audit.								
Are you intereste	d in looking at level	-funded plans?	□ Yes □	No				
Level funding offers the freedom of a self-funded plan but provides a little more certainty for budgeting concerns. Employers pay a set amount each month to a carrier; this amount typically includes the cost of administrative and other fees and the maximum amount of expected claims based on underwriting projections, as well as embedded stop-loss insurance to protect the employer from an unexpected large claim.								
Are you intereste	d in exploring the o	fferings that a PEO	could provide t	o your co	mpany?	🗆 Yes	🗆 No	
Professional Employer Organizations (PEOs) partner with companies to provide comprehensive HR outsourcing to help manage a company's human resources, employee benefits, regulatory compliance, and payroll outsourcing. A PEO works through a co- employment arrangement, which means the PEO contractually shares certain employer responsibilities with the company.								
Completed by:			Da	te:				