PACIFIC GENERAL FINANCIAL

Phone (770) 719-1717 * Fax (770) 719-0902
101 Devant Street, Suite 503 * P.O. Box 1257 * Fayetteville, GA 30214
www.pacgen.com

The following is a brief outline of information needed to give us the ability to make the most informed decision for your employee benefits coverage options:

General Information:			
Company Name			
Address			
Nature of Business			
Contact Person/Title			
Email		Website	
PHONE		FAX	
Type of Business (S-Corp, C-Corp, LLP, Sole Prop, Partnership)			
Date Business formed or Number of Years in Business			
Census Information: Separate form is attached to complete	Full time eligible employees' name, gender, date of birth, date of hire, coverage elections (single, family, etc. or waiving coverage), spouse date of birth and number of children, if applicable, home zip code. Include salaries and occupations for disability and salary based life insurance. Prior employees on COBRA or State Continuation with effective date must be indicated on census.		

Current Carrier Information:			
Carrier Name			
Renewal Date			
Reason for considering change			
Number of Years with Current Carrier?		Number of Carriers in the Past Five Years?	

Employer Information:		
Current Employer Contribution to premiums ($ or %)	**Employee**	**Dependent**
Life/AD&D		
Medical		
Dental		
Vision		
LTD		
STD		

Waiting Period for New Employees before coverage begins?		When does coverage begin 1st of month following or immediate?	
Any Class Exclusions? (temps, hourly, seasonal)		Are retirees covered?	

Rates:	Current and Renewal Rates/Any prior renewal history – this is for our information only to make the best recommendations and premium comparisons in the presentation materials. Provide copy of most recent premium statement from carrier(s).

	Medical	**Dental**	**Vision**
Employee			
Employee + Spouse			
Employee + Child(ren)			
Family			
Employee Life/AD&D RATE			
Employee LTD RATE		Is it per $ covered benefit or % of covered payroll?	
Employee STD RATE		Is it per $ covered benefit or % of covered payroll?	

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Plan Information: Copy of the carrier's Plan Summary of Benefits			
Amount of Basic Life and AD&D Insurance provided by employer		Plan Type for Group Health Coverage (PPO, HMO, POS)	
Lifetime Maximum		Deductible	
Coinsurance Levels		Out of Pocket Maximum	
Physician Office Visit Copay Levels		Prescription Coverage	
Interested in HSA (Health Savings Account) or HRA (Health Reimbursement Account) Plans? Circle **Yes** or **No**			

Should network (physicians or hospitals) consideration play a vital part in your decision making process and evaluating whether or not to make a carrier change, please indicate below physician name, location and type practice etc., or hospital. We have also provided below the website address information for the various carriers to conduct your own provider search.

Physician/Provider Name	**Office address/location (city/state)**	**Type practice**

**Please remember that Physicians usually can not be searched by a group or practice name; they are credentialed with the networks by the individual physician name.*

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Are you interested in offering other benefits to your employees?
Are your employees asking about other insurance needs?

Please check any benefits or options you would like us to market during this time.

	Voluntary	Employer Paid	Combination
Life Insurance Fixed Amount $_____	☐	☐	☐
Salary Based YES ☐ NO ☐ *Note: If choosing **salary** based, please include salaries on census form.*			
Short Term Disability	☐	☐	☐
Long Term Disability *Note: For disability quotes, please include salaries and occupations on census form.*	☐	☐	☐
Dental			
HMO	☐	☐	☐
PPO	☐	☐	☐
Indemnity	☐	☐	☐
Vision	☐	☐	☐
EAP (Employee Assistance Program)	☐	☐	☐
Cancer	☐	☐	☐
Critical Illness	☐	☐	☐
Long Term Care	☐	☐	☐
Supplemental Accident / Hospital Plan	☐	☐	☐
Pre-paid Legal Services	☐	☐	☐
SEP IRA/401K *(qualified retirement plans)*	☐YES	☐NO	

At Pacific General Financial…if it is important to you,
it matters to us.