

Client Questionnaire

Client Name: _____ Effective Date: _____

Physical Address: _____

Phone: _____ Contact: _____

Email Address: _____

Business Entity Type: ☐ Sole Proprietor ☐ Partnership ☐ S Corporation ☐ LLC
☐ Other _____

Is the business entity domiciled in Colorado? ☐ Yes ☐ No

Nature of Business? _____

Are there any other business entities in which you have ownership? ☐ Yes ☐ No

Total number of full-time (30 hours or more per week) employees on payroll: _____

Total number of part-time (less than 30 hours per week) employees on payroll: _____

Total number of seasonal workers (working fewer than 120 non-consecutive days per calendar year)? _____

What is your current definition of a full-time employee based on hours worked per week?:

What is your current probationary period for a new hire to be eligible for coverage?

☐ 0 days ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other: _____

Do you currently determine eligibility based on class of employee? ☐ Yes ☐ No

If yes, what class divisions do you use? (e.g. management v. non-management, hourly v. salary)

Do you have employees located outside Colorado? ☐ Yes ☐ No

Do you have terminated employees currently on COBRA/State Continuation? ☐ Yes ☐ No

Do you have any 1099/contract employees? ☐ Yes ☐ No If yes, how many? _____

What is your current employer contribution for employees? \$_____ or _____%

Is your plan grandfathered (no change made in plan design or employer contribution since March 23, 2010)?

☐ Yes ☐ No ☐ Not sure

What benefit(s) are currently offered to your employees? (check all that apply)

☐ Medical ☐ Dental ☐ Vision ☐ Life ☐ LTD ☐ STD ☐ Voluntary

Do you have a Premium Only Plan (POP) for pre-tax treatment of employee contributions? ☐ Yes ☐ No

Do you use a payroll company? ☐ Yes ☐ No If yes, which company? _____

Do you fund company dollars into your employees' Health Savings Accounts or a Health Reimbursement Arrangement? ☐ Yes ☐ No If yes, which company? _____