

Prospect Name:

AR Fact Finding Questionnaire

1. What Lines of Coverage I	Do You Offer?
Medical	Dental LTD STD
AD&D	Life Vision Voluntary
Other	
2. How Are You Funded?	
Self-Funded	Fully Insured
Medical Carrier:	
Renewal Date:	
Broker Relationship:	
3. What Broker/Agency Do	You Currently Work With?
4. How Long Have You Bee	n with Them?
5. Do You Regularly Have a ing or Process?	Mid-Year Or Pre-Renewal Meeting? What Do You Find Valuable about This Meet-
6. How Do You Keep Up-to-	-Date on the Following Items?
Benefits Legislation Upda	ates:
Health Reform Updates:	
Health Care Cost Manage	ement Strategies:
Health Care and Benefits	Trends:
Carrier Administrative Ch	nanges:
Health Care Consumerism	m Issues:
Market Intelligence:	

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