

**The Business Insurance Connection Agency Inc.** (281)583-9446  
14359-C Torrey Chase Blvd. Fax (281)583-9965  
Houston, Texas 77014 Email – [businessinsurance@sbcglobal.net](mailto:businessinsurance@sbcglobal.net)

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## GROUP BENEFITS QUESTIONNAIRE

### Employer Information:

Name of Company \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Contact \_\_\_\_\_  
Nature of Business \_\_\_\_\_ SIC # \_\_\_\_\_

### Employer Contribution: (What percentage of total cost is paid by employer?)

Life \_\_\_\_\_ Disability \_\_\_\_\_ Employee Health \_\_\_\_\_ Dependent Health \_\_\_\_\_

Present Carrier \_\_\_\_\_

Number of Years with same carrier \_\_\_\_\_

### Coverages Requested:

\_\_\_\_\_ Health – Deductible \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ Other  
CoPay \_\_\_\_\_ 90/70 \_\_\_\_\_ 80/60 \_\_\_\_\_ Other

Dental – Y or N (circle option)

Vision - Y or N (circle option)

\_\_\_\_\_ Group Life and AD&D Life Flat Amount \$ \_\_\_\_\_

or

Earnings \_\_\_\_\_ 1X \_\_\_\_\_ 2X \_\_\_\_\_ Other  
Dependent Life Option \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Short Term Disability

\_\_\_\_\_ Long Term Disability

### Please provide the following in order to provide a quote:

- 1) Employee Census – form attached
- 2) Copy of Latest Billing
- 3) Current Benefit Schedule

