Aflac
Employee Benefits Questionnaire

Date_____
Existing Aflac Payroll Group Yes ❑ No ❑ Group No. _____
Number of Employees_____

GENERAL EMPLOYER INFORMATION

Name of Employer_____
Address_____
City_____State_____ZIP_____
Telephone(____)_____Fax(____)_____
Principal Contac_____
Title_____

Names of Individuals who will participate in the decision-making process:

_____		_____	
Name	Title	Name	Title
_____		_____	
Name	Title	Name	Title

Number of years in business:_____
Nature of business:_____
Number of locations:_____
Related companies:_____
Number of employees Full-Time:_____ Part-Time:_____
Name of benefits broker (if applicable):_____
Name of benefits broker's location:_____
Do you and your major medical carrier permit domestic partner insurance coverage?
Yes ❑ No ❑

BENEFITS

Existing Section 125 Plan Yes ❑ No ❑ Renewal Date_____
Type of Plan POP_____ FSA_____ Credits_____ Core Plan_____
Spending Account DDC_____ URM_____

Major Medical	_____	Dental	_____
HMO	_____	Short-Term Disability	_____
PPO	_____	Long-Term Disability	_____
Group Life	_____ (Maximum $_____)	Vision	_____
AD&D	_____ (Maximum $_____)	Legal	_____
Cancer/Specified-Disease	_____	Hospital Confinement Indemnity	_____
Accident/Disability	_____	Long-Term Care	_____
Hospital Intensive Care	_____	Medicare Supplement	_____
Voluntary Life	_____		

Retirement (Pension) Plans

401(k)	_____	Defined Contribution	_____
Defined Benefit	_____	Annuities	_____
IRAs	_____		

CARRIER/ADMINISTRATION DATA

	Carrier/Administrator	ER Cost	EE Cost	Renewal
Major Medical				
HMO				
PPO				
Group Life				
AD&D				
Cancer/Catastrophic				
Accident/Disability				
Hospital Intensive Care				
Voluntary Life				
Dental				
Short-Term Disability				
Long-Term Disability				
Vision				
Legal				
Hospital Confinement				
Indemnity				
Long-Term Care				
Medicare Supplement				

ELIGIBILITY INFORMATION

1. Full-time employees are eligible for benefits:
   - ❑ Immediately upon employment
   - ❑ After _____ days of employment
   - ❑ First of the month following _____ days of employment
2. Are part-time employees eligible for benefits? Yes ❑ No ❑
3. Employer's definition of part-time _____

COMMUNICATIONS/ENROLLMENT INFORMATION

1. Type of communications/enrollment program currently in use _____
2. Area currently responsible for communications _____
3. Communications/enrollment planned _____
4. Group meetings ❑ Individual meetings ❑ Both ❑

COMPUTER/DATA PROCESSING INFORMATION

1. Is employer currently using computerized payroll system? Yes ❑ No ❑
2. If yes, are voluntary payroll deduction programs in use? Yes ❑ No ❑
3. Will payroll system process pre-tax elections? Yes ❑ No ❑
4. Payroll data available CD ❑ Online ❑ Hard copy ❑
5. Payroll contact _____ Title _____

Insurance Agent/Producer's Name _____ Writing No. _____
Insurance Agent/Producer's Address _____

Comments _____
_____
_____
_____
_____