

REGIONAL EMPLOYEE BENEFITS COUNCIL

To receive a customized EMPLOYEE BENEFITS analysis for your Organization, we need the following information. The attached page must be complete to provide you with accurate quotes, if this information is in an electronic format; you may e-mail it along with this 1st page.

Organization Name: _____

AKA _____

Address: _____ City: _____ ZIP: _____ County: _____

Decision Maker's Name _____ Organization Phone # _____ ext. _____

Whom will be the contact person concerning this?

Contact Name: _____ Title _____ Contact's email: _____

Contact Phone # _____ Alternate Ph # _____ Fax # _____

How many full-time (eligible) employees ____ How many employees expected to enroll in medical plan: ____ # part time ____ e/e's

Employer pays ____% or \$ ____ of employee costs: Employer pays ____% or \$ ____ of dependent costs.

Please provide information on existing carriers, plan coverage designs and recent invoice/premium rates for your current coverage (if **available**). This will allow us to search for similar plans (co-pays, deductibles, coverage, etc.). When current invoices are provided we can give you a complete analysis of proposed plans including monthly/annual cost savings vs. just providing proposed rates.

Do you offer a Section 125 (Cafeteria Plan) ____yes ____no....this allows your employees to pay their share of insurance premiums on a pre-tax basis, allowing your employees to stretch their income. A 125 Plan can also reduce the employer taxes.

Tell us what your goals are for your employee benefits package:

Please fax this form to: (909) 498-9910 or email to: contact@charterbenefits.com Questions??? Call: 866-203-4577. Thank You!

Organization Name _____ (duplicate for additional employees)

	Employee Name (Or) Assign a Number to the Employee	Gender (M/F)	Age (estimate if unknown)	Is Spouse Presently on Plan (Y/N)	# of Dep. Children On Plan	Home Zip Code	Current Carrier & Medical Plan Employee is enrolled in (if Known)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							