

EMPLOYEE BENEFIT FACT FINDER

Company Name: _____ Phone: _____

Contact Name: _____ Fax: _____

Address: _____

County: _____ Email: _____

Trade association (if applicable): AGC ___ Builders Exchange ___ KAHC ___ KCSA ___

BENEFITS YOU WOULD LIKE TO HAVE QUOTED:

Health Long Term Disability Bus. Overhead Exp. Long Term Care
 Life Short Term Disability Buy/Sell Funding Key Person
 Dental Prevailing Wage Plan

COMPANY DATA:

SIC Code (if known): _____

Employees out of state? ___ yes ___ no List states? _____

Specific type of work: _____

of full time non-union employees: _____ # currently covered: _____ # on COBRA: _____

Name of current health carrier (if requesting health quote): _____

Renewal month of current plan: _____

Company's contribution towards the plan for the employees: _____

* A copy of your benefit summary or description of the key features would be helpful.

Please fax or email back with census to:

**SNOWDEN & ASSOCIATES, INC.
812 LYNDON LANE, SUITE 202
LOUISVILLE, KY 40222
502-339-7980 PHONE
502-339-7983 FAX
scott@snowdenbenefits.com**

CENSUS SHEET

Group Name: _____ Phone: _____

Regarding Census:

- Income is only needed if the quote includes disability or a life schedule based on earnings.
- Use health codes to indicate type of contract desired.

Health Codes:

- E = employee only
- ES = employee & spouse.....provide spouse's age
- EC = employee & children.....provide # of children
- ESC = full family.....provide spouse's age and # of children

	Name	Sex	Age	Health Code	Age of Spouse	# of Children	Income
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____

*Please return to Snowden & Associates, Inc. by faxing to 502-339-7983 or emailing to tammy@snowdenbenefits.com
Feel free to call us at 502-339-7980 with any questions.*