

# Employee Benefits Profile for

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Marion Douglas Financial & Insurance Services would like to help you make the best choices possible for your employee benefits plans. In order to do so, we would like to compile a profile of your organization, including its current benefit plans and ongoing needs. Please take a few moments to complete this survey.

Thank you.

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## General Information

1. Company name: \_\_\_\_\_

2. Your name and title: \_\_\_\_\_

3. Which of the following best describes your position/title?

- Executive management                       Office manager/Administration  
 HR professional                               Other  
 Benefits professional

4. Industry classification:

- Manufacturing               Banking/Financial               Insurance  
 Agriculture                   Hospital                               Clinic/Medical office  
 Nonprofit                       Other \_\_\_\_\_

5. Number of employees:

- 2 - 10               11 - 25               26 - 50               51 - 100  
 101 - 500               501 - 1000               1001+

6. Benefit unit(s):

- Union               Non-union

7. Number of medical plans:

- 1               2               3               4

8. Retirement plans/benefits:

- 401(k)               403(b)               Profit sharing               Defined benefit               None

Employer match: \_\_\_\_\_

9. Administrative plans:

- Section 125 Premium Only    Section 125    Full Cafeteria Plan  
 HIPAA                                       COBRA                       FMLA

10. Probationary period for benefits eligibility:

- None       1 month       2 months       3 months       4+ months

**Medical Plan Information**

1. Do employees contribute toward the medical plan premium?

- Yes       No

If yes, what percentage?      \_\_\_\_\_% Single      \_\_\_\_\_ % Family

2. Type of financial arrangement:

- Fully insured       Partially self-insured       Self-insured

3. Type of medical plan(s):

- HMO       HRA       HSA       Traditional       Other \_\_\_\_\_

4. Do you offer a Health Savings Account (HSA)?

- Yes       No

5. Do you offer a Health Reimbursement Arrangement (HRA)?

- Yes       No

6. Single deductible, in-network:

- \$100 - \$250       \$251 - \$750       \$751 - \$1,500       Other \_\_\_\_\_

7. Single deductible, out-of-network:

- \$100 - \$250       \$251 - \$750       \$751 - \$1,500       Other \_\_\_\_\_

8. In-network office visit copayment:

- None       \$5 - 10       \$11 - 25       Other \_\_\_\_\_

9. In-network coinsurance:

- 100%       90%       80%       Other \_\_\_\_\_

10. Out-of-network coinsurance:

100%     90%     80%     Other \_\_\_\_\_

11. Prescription drug card:

Yes     No

If yes, what is the **generic** drug copayment?

\$5     \$10     \$15     \$16+

If yes, what is the **brand name** drug copayment?

\$10     \$20     \$25     \$26+

12. Do you anticipate the amount you spend on your group medical plan to increase or decrease for the next plan year?

Increase     Decrease

If you think your plan cost will increase, what do you think the percent increase will be?

0 - 5%     6% - 10%     11% - 20%     21%+

13. What is your organization's major consideration(s) when choosing a medical plan?

- Level of benefits                       Financial stability  
 Funding arrangement                 Provider access  
 Cost     Competitive with other local employers' plans  
 Other (list below):

\_\_\_\_\_

### Other Benefit Plan Information

1. Do you offer group life insurance?

Yes     No

If yes, what amount? \_\_\_\_\_

2. Do you offer employee-paid benefits?

Yes     No

3. Do you offer employee-paid voluntary life insurance?

Yes     No

4. Do you offer a dental plan?

Yes     No

If yes:

Employer-paid     Employee-paid

5. Do you offer a vision plan?

Yes     No

If yes:

Employer-paid     Employee-paid

6. Do you offer short-term disability?

Yes     No

7. Do you offer long-term disability?

Yes     No

**Other Benefits Services Information**

8. Do you currently use the services of an insurance agent or broker?

Yes     No

If yes, who is your current agent/broker? \_\_\_\_\_

9. Number of years with your current agent/broker:

0 - 5     6 - 10     11+

10. Do you receive information via email from your current insurance carrier(s) or agent?

Yes     No

11. Do your employees have access to the internet at work?

Yes     No

12. Please rank the level of importance for each item (1 = very important, 2 = important, 3 = somewhat important, 4 = not important):

	Relationship
	Ability to challenge/negotiate our renewal
	Attention to customer service
	Regular communication
	Competitive pricing
	Keeping me educated about compliance issues
	Visits with our employees on a regular basis to answer questions
	Understanding of my organization and industry
	Reputation
	Markets and coverage
	Value-added services
	Use of technology to support my insurance processes
	Offering employee-focused health and safety communication materials
	Years in business
	Ability to service multiple locations
	Number of carriers the agency represents
	Education level/designations
	Ability to support multi-lingual employee communications
	Plan/policy design and cost-saving strategies
	Assistance with development of strategic plan for our benefits programs
	Assistance with benefit enrollment and communications
	Claims analysis capabilities
	Access to online human resource management tools
	Online access to policies and other insurance-related documents
	Monitors our business needs and proactively manages our insurance options
	Appreciates my business
	Ability to support or help create a wellness program
	Pharmacy benefits offered