



DATA NEEDED

To Perform an Employee Benefit Plan Analysis

1. Census (All Employees Eligible for benefits, including those that waive)
 - a. Age
 - b. Gender
 - c. Medical Coverage Status-Employee (EE), EE+Sp, EE+Ch, Family, or Waive
 - d. Dental Coverage Status –Employee (EE), EE+Sp, EE+Ch, Family, or Waive (IF APPLICABLE)
 - e. Vision Coverage Status-Employee (EE), EE+Sp, EE+Ch, Family, or Waive (IF APPLICABLE)
 - f. Life/ AD&D Volume
 - g. Occupation or Job Title
 - h. Work Location
 - i. Employment Status-Active, COBRA, Disabled (not at work, include reason)
2. Copy of your most recent bill(s)
3. Summary of your Current Benefits (Life, Medical, Dental, Disability)
4. Summary of Benefit Costs to Employees, e.g., what do the employees contribute for coverage
5. Underwriting
 - a. To the best of your knowledge do any employees or dependents on your medical plan have any health care problems such as: Cancers, Heart/Kidney/Other Organ problems, AIDS, or any other dreaded disease? Or claims over past 12 months that have exceeded \$5,000?

If yes, please provide to best of knowledge:
 - i. Current Status (COBRA, No longer part of plan, Active Disabled)
 - ii. Age and Gender of individual
 - iii. Reasons for claims, i.e., employee has cancer ...
 - iv. Current Prognosis
 - v. Current Medications
 - vi. Future procedures to be performed an expected costs and outcomes?
 - vii. Estimated claims over past 12 months
 - b. How many pregnancies are currently in group and covered under your medical plan?
 - c. Please list all employees currently not actively at work and reason for not actively at work.
 - d. Please complete accompanying Employee Pre-screen Questionnaire.