



E2E RESOURCES, INC.

*Solutions designed to
save employers time and money.*

General Information

Date: _____

Company Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

County: _____ Federal ID Number: _____

Contact Name: _____

Telephone: _____ Fax: _____

Nature of Business: _____ Years in Business: _____

Other Locations (City, State, Zip): _____

Type of Business: Proprietorship
 Partnership
 C-Corp
 S-Corp
 LLC
 PC

How did you hear about E2E? _____



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HR & Payroll

Number of Employees: Full Time _____ Part Time _____

Number of Employees Paid: Hourly _____ Salaried _____

Current Annual Gross Wages \$ _____

Annual costs for:

FICA \$_____ Medicare \$_____ FUTA \$_____ SUTA \$_____

Total Wages over FICA limit: \$_____

State Unemployment Experience Rate: _____

(Please provide a copy of your most recent State Unemployment Insurance Annual Contribution Rate.)

Do you use an outside employment control consultant? Yes No

Hourly Pay Cycle: Weekly Bi-Weekly Monthly Semi-Monthly

Salaried Pay Cycle: Weekly Bi-Weekly Monthly Semi-Monthly

Day Pay Period Ends: _____ Payday: _____

Do you use an Outside Payroll Service? Yes No

Do you offer a Direct Deposit option? Yes No

How many employees participate in Direct Deposit? _____

Do your employees have Payroll Deduct Voluntary Benefits? _____

How many different Payroll deductions of Voluntary benefits do you offer?



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HR & Payroll

- Yes No Do your employees have a credit union?
- Yes No Does your organization have an Employee Handbook?
- Yes No Have there been any EEOC charges filed in the last 3 years?
- Yes No Have you been inspected by OSHA or your state's safety agency within the last 3 years?
(If yes, please provide a copy of any citations received)

How many 1099 Employees: _____ Union Employees: _____



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Employee Benefits

(Please include all current benefit plan booklets.)

- Yes No Do you have a Retirement Plan?
- Yes No Does your organization have a pension plan?
If yes, what type: _____
- Yes No Do you use an outside personnel consultant?
How long have you worked with this consultant? _____
- Yes No Do you use an outside insurance consultant?
How long have you worked with this consultant? _____
- Yes No Do you have a Short Term Disability Plan?
% of Weekly income _____
Accident \$ _____ / week _____ Weeks Duration _____
Sick \$ _____ / week _____ Weeks Duration _____
- Yes No Do you have a Long Term Disability Plan?
% of Monthly Salary _____ %
Maximum / Month \$ _____ to Age / Years _____
Definition of Disability _____
- Yes No Do you have a Dental Plan?
The plan deductible applies to: Basic Type 2 & 3 Ortho
Ded \$ _____, Preventive Care % _____, Major Care % _____
Calendar Year Maximum \$ _____
Ortho Ded. \$ _____, Covered % _____, LT Max. \$ _____
- Yes No Do you have a Section 125 Premium Only Cafeteria Plan?
- Yes No Does your organization use a Flexible Spending Account
(IRC Section 125) plan?
- Yes No If yes, does the plan include Medical Cost and Dependant Care
reimbursement?



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Employee Benefits

(Please include all current billing and plan booklets.)

Present Carrier: _____ Renewal Date: _____

Please provide information on the cost of your health insurance program and include a copy of the most recent premium statement.

Health Insurance Coverage	Number of EE's Enrolled	Current Rates	Renewal Rates	Employer Contribution
Employee Only				
Employee / Family				
Employee / Spouse				
Employee / Children				
Dental Insurance Coverage	Number of EE's Enrolled	Current Rates	Renewal Rates	Employer Contribution
Employee Only				
Employee / Family				
Employee / Spouse				
Employee / Children				



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Employee Benefits

Yes No Are Retirees Covered by your plan?

C.O.B.R.A. Number of Continuees: _____

Are there any employees not covered by Workers Compensation? If yes, who? _____

Is Life Insurance Provided? Yes No

Who besides the contact person will be involved in the decision making process? _____

Why are you "shopping" your benefits? _____

Have you had any problems in the past that you would like to avoid in the future? _____

What do you like most about your current plan? _____



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Employee Benefits

IF THE CURRENT BROKER/AGENT SERVICES HAVE BEEN LESS THAN SATISFACTORY OR ADDITIONAL ADMINISTRATIVE ASSISTANCE IS AN IMPORTANT ISSUE WITH THE CURRENT PLAN, WILL YOU ASSIGN E2E AS YOUR BROKER OF RECORD? **YES** **NO**

Plan Type	Current Plan Design	Requested Plan Design
Life/ AD&D Flat		
% of earnings		
Other		
Dependent Life, Spouse, Child(ren)		
Medical, HMO, POS or PPO		
Coinsurance		
Stop Loss		
Prescription Card		



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Employee Benefits

Medical Profile/Risk Appraisal Questionnaire

- Yes No Has anyone been treated for a serious illness, been hospitalized or had surgery in the past 5 years? (i.e. cancer, diabetes, cardiovascular disease, AIDS, substance abuse, kidney disease, mental/nervous counseling.)
- Yes No Has anyone had a claim of \$5,000 or more in the past 12 months? (if yes, need approximate amount of claim and details i.e. diagnosis and prognosis.)
- Yes No Is anyone apt to have a continuing claim for an existing mental/ nervous or physical condition?
- Yes No Has anyone been advised to have surgery in the past 6 months or anticipate hospitalization for any reason?
- Yes No Are any employees or covered dependents pregnant?
- Yes No Has any employee missed 10 or more consecutive days of work in the past 12 months due to illness or injury?
- Yes No Are there any spouses or dependents that are confined at home, incapacitated, or confined in a hospital or treatment facility?
- Yes No Are there any employees who are not actively at work performing normal full-time duties due to an accident or illness?
- Yes No Are there any employees or dependents not now insured who have been declined for life or medical insurance?
- Yes No Are there any current or former employees or dependents on medical continuation such as (C.O.B.R.A., Georgia State Continuation, Extended Benefits)?

If yes, please note these individuals on the census along with the effective date of continuation. Please **DO NOT** include the name of any individual or any information that will identify the individual.



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PLEASE REMEMBER TO INCLUDE COPIES OF:

- Your Health & Life Insurance, STD & LTD Benefits Plan Booklets
- All Other Benefit Summary Plan Descriptions
- The “Workers’ Compensation Schedule” page from your current Workers’ Compensation Policy
- Your State Unemployment Insurance Annual Contributions Rate Determination
- Your Employee handbook