

**BenEx, Inc.**  
**Employee Benefits Insurance Questionnaire**  
**Fax to: 918-369-5906**

Company Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Tele \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Decision-Maker \_\_\_\_\_

Nature of Business \_\_\_\_\_ Yrs. In Business \_\_\_\_\_

Number of Full-Time Employees on payroll (Approximately) \_\_\_\_\_

Do you currently offer Employee Benefits (health, dental, etc)? ? Yes . No

Type of Coverage \_\_\_\_\_ Insurance Co. Name \_\_\_\_\_ Renewal Date \_\_\_\_\_

Type of Coverage \_\_\_\_\_ Insurance Co. Name \_\_\_\_\_ Renewal Date \_\_\_\_\_

Type of Coverage \_\_\_\_\_ Insurance Co. Name \_\_\_\_\_ Renewal Date \_\_\_\_\_

Why are you getting quotes? (start-up plan, cost, service, network, etc.)

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Comments:

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