



## EMPLOYEE BENEFITS MARKET COMPARISON REPORT CHECKLIST

DATE: \_\_\_\_\_

CONTACT INFORMATION:		
Group Name:	Federal Tax ID:	
Contact Name:		
Phone #:	Email:	
Address:	City, ST, Zip	
EMPLOYEE INFORMATION		
Total # Employees:	# Full Time Employees:	# of Part Time Employees:
BENEFIT PLAN INFORMATION		
<input type="checkbox"/> MEDICAL		
Carrier/Network:	Renewal Date:	
Contribution Rates:	Employer Paid:	Employee Paid:
Documentation:	<input type="checkbox"/> Plan Design/Summary of Benefits and Coverage (SBC)	
	<input type="checkbox"/> Plan Rates – Recent Invoice/Renewal Rate Documentation	
	<input type="checkbox"/> Employee Enrollment Census (Name, DOB, Spouse & Dependent DOB)	
<input type="checkbox"/> DENTAL		
Carrier:	Renewal Date:	
Contribution Rates:	Employer Paid:	Employee Paid:
Documentation:	<input type="checkbox"/> Plan Design/Summary of Benefits and Coverage	
	<input type="checkbox"/> Plan Rates – Recent Invoice/Renewal Rate Documentation	
	<input type="checkbox"/> Employee Enrollment Census (if different than medical)	
<input type="checkbox"/> VISION		
Carrier:	Renewal Date:	
Contribution Rates:	Employer Paid:	Employee Paid:
Documentation:	<input type="checkbox"/> Plan Design/Summary of Benefits and Coverage	
	<input type="checkbox"/> Plan Rates – Recent Invoice/Renewal Rate Documentation	
	<input type="checkbox"/> Employee Enrollment Census (if different than medical)	
<input type="checkbox"/> LIFE		
Carrier:		
	<input type="checkbox"/> Plan Document and Benefit Summary	
	<input type="checkbox"/> Plan Rates – Recent Invoice/Renewal Rate Documentation	
	<input type="checkbox"/> Employee Enrollment Census (if different than medical)	

BENEFIT INFORMATION CNT'D	
<input type="checkbox"/> OTHER LINES	
Carrier:	Renewal Date:
Contribution Rates:	Employer Paid: Employee Paid:
	<input type="checkbox"/> Plan Design/Summary of Benefits and Coverage
	<input type="checkbox"/> Plan Rates – Recent Invoice/Renewal Rate Documentation
	<input type="checkbox"/> Employee Enrollment Census (if different than medical)
<input type="checkbox"/> OTHER LINES	
Carrier:	Renewal Date:
Contribution Rates:	Employer Paid: Employee Paid:
	<input type="checkbox"/> Plan Design/Summary of Benefits and Coverage
	<input type="checkbox"/> Plan Rates – Recent Invoice/Renewal Rate Documentation
	<input type="checkbox"/> Employee Enrollment Census (if different than medical)
BENEFIT ADMINISTRATION INFORMATION	
How do employees make elections?	<input type="checkbox"/> Paper Form/Manually <input type="checkbox"/> Electronic via smartphone or other device <input type="checkbox"/> Spreadsheet enrollment <input type="checkbox"/> Combination of Paper/Electronic Entry
How are employee elections presented?	<input type="checkbox"/> Informational Paper Packets <input type="checkbox"/> Portal
How are group benefits decided?	<input type="checkbox"/> Insurance Committee <input type="checkbox"/> HR Group <input type="checkbox"/> Other
How do you receive invoices?	<input type="checkbox"/> One invoice for All <input type="checkbox"/> Combination
GROUP SERVICE MODEL INFORMATION	
Who are your points of contact for benefits when issues arise?	<input type="checkbox"/> HR Group <input type="checkbox"/> Agency / Carrier <input type="checkbox"/> Both
How much time is spent servicing benefits on an average monthly basis?	
GROUP GOALS	
RATE YOUR GOALS	1                      2                      3                      4                      5 Very Interested    Somewhat Interested    Neutral    Not Very Interested    Not At All Interested
Better Benefits	1 2 3 4 5      Containment/Lower Costs      1 2 3 4 5
Lower Employee Contributions	1 2 3 4 5      Utilizing Tech to Improve Experience      1 2 3 4 5
Communicating Employer Investment to Employees	1 2 3 4 5      Limiting the Amount of Time Spent by Employees Servicing Benefit Issues      1 2 3 4 5
PROVIDE 3 DREAM IMPROVEMENTS TO YOUR BENEFITS	
1.	
2.	
3.	