



Pacific Benefit Planners Employee Benefits Specialists

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Please print, sign, and return by fax or mail to Pacific Benefit Planners.

Our goal is to maximize your benefit investments through a coordination of benefits. To that end, have we talked with you about.....

1. What your current benefit coverage is and how satisfied you are with it?
2. What changes have occurred since we last reviewed your benefits program?
 - a. Business
 - b. Personnel
3. What you see for possible business changes for the coming year?
4. What you, the owner, and key personnel have as additional coverage?
 - a. Carve-outs; DI, Life, LTD, BOE
5. What financial planning/asset management (retirement, estate, business continuation) concerns or questions you may have?
 - a. Do you have key employee(s) you wish to retain? Reward?
 - b. Do you have a plan to fund your retirement?
 - c. Do you have an exit strategy? Funded buy-sell agreement?
 - d. Do you have an estate plan?
 - e. Charitable Giving/Trust?
6. Have we explained the following products?
 - a. 401K and 401K enhancements
 - b. Section 125K flexible spending account
 - c. Deferred compensation
 - d. Disability
 - i. Short term/long term
 - ii. Business Expense
 - iii. Group
 - e. Life insurance
 - i. Key employee
 - ii. Estate planning
 - iii. Buy-Sell agreement funding
 - iv. Group
 - f. Long term care
 - i. Estate planning – conservation of wealth
 - ii. Group
 - g. Medical, Rx, Vision, Dental
 - i. HRA/HAS
 - ii. Self Funded/Third Party Administration
 - iii. Cobra Administration
 - iv. Medicare Part D
 - v. Voluntary/Supplementary Plans

7. How are we doing as your agents?
- a. Strengths
 - b. Weaknesses
 - c. What makes us different than other agents you have worked with?

I would like to provide other companies with the same level of service as I provide you. Who would you call to introduce me as someone to talk to regarding their benefit program?

Employer Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Notes: