Group Assessment

Group Name: Date:

How hot is the group on a scale of 1-10?

Do they have coverage now? ☐ Yes ☐ No If yes, through SEA? ☐ Yes ☐ No

If no, have we quoted in the past? ☐ Yes ☐ No

Agents relationship to the group: ☐ Current ☐ Cold Call ☐ P & C ☐ Other

Who is their existing agent, if not yours?

What is the relationship with the group?

How does the client feel about their existing agent's relationship?

Why are they shopping?

Are they satisfied with their agent's service? ☐ Yes ☐ No If no, why not?

Are they satisfied with their current carrier? ☐ Yes ☐ No If no, why not?

How many are eligible for health insurance? How many are on the plan?

Employer Contribution to Premium: Employee EE/SP

EE/CH Family

Current Carrier: Renewal Date:

Current Rates: $ Employee $ EE/SP Renewal increase %:

$ EE/CH $ Family

(please fax or scan and email if not composite rates)

Current Benefits: (ask agent for a copy of benefits; if unavailable get as many details as possible)
(please fax or scan and email if available)

If no description:

Deductible	Coinsurance	OV Copay	Spec Copay
OOP Max	RX Copay	ER Copay	UC Copay

Do they have an HSA? ☐ Yes ☐ No
If they have an HSA does employer contribute? ☐ Yes ☐ No
If yes, how much?

Does the employer have an HRA? ☐ Yes ☐ No
If yes, how much is reimbursement?

If they are not on a consumer driven plan such as above, are they ready to look at either option? ☐ Yes ☐ No

Other Comments: