

TASC

Defined Contribution Questionnaire

Agent Name

Agent Email:

Agent Phone Number:

Name of TASC Rep

Name of Business:

Owner's Name:

Contact Number:

Contact Person:

Company Mailing Address:

Best Email Address:

Is this a self-employed business (No other Full-Time Employees?)

YES

NO

If YES please complete the questions about business owner family med expenses
(Includes expenses for business owner, spouse & children)

Type of Current Health Plan

Group

Individual

NONE

Tax Filing Status:

C-Corp

S-Corp

Partnership

Sole-Proprietor

Non-Profit

LLC

OTHER

What TASC service are you interested in?

AgriPlan or BizPlan NOW (Self-Employed)

Flex System

Undecided

Are you married?

YES

NO

Does your spouse assist with the business (answering phones etc.?

YES

NO

Are you currently assisting your employees with the purchase of individual health insurance?

YES

NO

If "YES" are the contributions you are making the same for every employee?

YES

NO

Would you like information on how to assist your employees with the purchase of individual health insurance?

YES

NO

Are you interested in protecting the tax deductibility of your company contribution to employee health insurance?

YES

NO

Monthly Health Insurance Premium

Other Insurance Premiums

If You DO NOT Currently Offer Health Benefits:

Have you shopped for health insurance before but found it is too expensive or that you don't qualify?

Yes

No

Do you feel you could recruit better employees if you were able to offer benefits? (Defined Contribution Healthcare can help you do this and you can set the rate to be whatever you want.)

Yes

No

If You Currently Offer Health Benefits:

Estimate ANNUAL Medical Out of Pocket Expenses (OOP):

OOP for Copays, Rx, Dr.Visits, Hospitalization, etc:

Dental Expenses (cleanings, dental work, x-rays. ortho, etc)

Vision Expenses (eye exams, glasses, contacts)

Number of full-time employees:

Number of employees participating in health plan:

Is an FSA, HSA or Cafeteria Plan
Currently offered

Yes

No

Do you contribute toward employees' healthcare?

Yes

No

Is your group health insurance becoming too expensive, or did your annual renewal increase 20+%, again?

Yes

No

Do you have employees in multiple states?

Yes

No

What type of supplemental benefits do your employees
need and want or currently have?

Dental

Vision

Income Protection (disability or critical illness)

Accident

Life Insurance

Do you have an automated payroll system (payroll software, or through a payroll vendor)?
(Defined contribution can integrate with your payroll system.)

Yes

No

Additional Details:

Please save this form, email it to your agent and CC your TASC representative at: microbusiness@tasconline.com