

# BUSINESS PROFILE

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## Business Information:

Type of business:  C-Corp  S-Corp  PA/PC  LLC Partnership  Sole Proprietorship

Company Name: \_\_\_\_\_ TIN#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Number of employees:  <10  10-25  26-50  51-75  76-100  >100

Type of Plan:  Startup/New Business  Takeover/Rollover Amount/\$

### Review of Employee Benefit Plans

Do you have any questions or concerns about your employees' medical/dental plans?  Yes  No

Do you have any questions or concerns about your employees' disability/long term care plans?  Yes  No

Are there additional employees eligible to participate?  Yes  No

### Review of Retirement Plans

Do you have questions/concerns about your retirement plans?  Yes  No

Do you have any service issues that you would like me to address?  Yes  No

Are there additional employees eligible to participate?  Yes  No

### Review of Executive Benefit Plans

Do you have questions/concerns about your executive benefits?  Yes  No

Do you have any service issues that you would like me to address?  Yes  No

Do you have any additional partners or key employees?  Yes  No

Have plans for your key employees been updated?  Yes  No

Important considerations concerning above responses: \_\_\_\_\_

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## Contact Information

Key Executive Contact/Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

### CPA Contact:

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Attorney Contact:

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_