AxcessFinancialGroup
Opening the door to your future.

BENEFITS QUESTIONNAIRE

Applicant Name: _____ FEIN#: _____

Mailing Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____ Website: _____

Type of Organization: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Joint Venture ☐ Other: _____

Description of Operations/SIC Code: _____

BENEFITS INFORMATION

Physical Address: _____

Total # of Eligible Employees: _____ # of FT EE's: _____ # of PT EE's: _____

Current Carrier(s): _____

Please include copies of current bill

Additional Info, Questions, Concerns:

_____

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BENEFITS QUESTIONNAIRE

REQUESTED COVERAGES?

- ☐ MEDICAL
- ☐ SHORT-TERM DISABILITY / LONG-TERM DISABILITY
- ☐ DENTAL
- ☐ RETIREMENT ACCOUNTS
- ☐ LIFE
- ☐ VISION

LAST NAME	FIRST NAME	DOB	GENDER	ENROLLMENT STATUS (EE-ONLY / EE+CH / EE+SP / EE+FAM)	ZIP CODE	JOB TITLE	SALARY

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