

Client Preference Worksheet

Company Name:

Date:

Point Person:

Preferred method of communication:

☐ Email

☐ Phone Call

Secondary contact person

Preferred method of communication:

☐ Email

☐ Phone Call

Open Enrollment Method:

☐ Packets

☐ Online

☐ Both

Preferred Method for Communicating Benefit Choices to New EE's:

☐ Packets

☐ Online

☐ Both

If Online communication is preferred:

☐ Customized instructional enrollment video is necessary

☐ Customized instructional enrollment video is not necessary

Preferred Method of New Employee Enrollment:

☐ Broker Office

☐ JoinMe Webinar

☐ Phone

☐ Site Visit (Must have a group size of 5+ employees)

Payroll:

How many payroll periods do you have?

How many payroll deductions do you have (if different than # of payroll periods)?

Would you like to integrate Payroll with the Benefit Admin System?:

☐ Yes

☐ No

- ☐ If Yes, EFS Administers Additions and Terminations via integrated payroll system?
☐ If Yes, Client Administers Additions and Terminations via integrated payroll system?

If your company is an Applicable Large Employer (50+ employees), would you like EFS to do your 1095 reporting for you?:

- ☐ Yes
☐ No
☐ N/A

Does your company need assistance with any of the Compliance Services listed below? Check all that apply:
(Note, fees will apply for these services. If you answer yes, we will provide you with quotes.)

- ☐ I would like EFS to create Employee Compliance Notices:
☐ I would like EFS to help me obtain a Section 125 POP Plan for Pre-Tax Payroll Deductions:
☐ I would like to have a third party Cobra/State Continuation Service:
(If no, I understand I am responsible for my own COBRA compliance)
☐ I would like assistance with the government mandated SPD Wrap Document:

Do you need access to our Onboarding Software? (This can be activated via EFS Benefit Admin System and requires employees to enter personal data, fill out W-4 and I-9, read employer handbook, etc.)

- ☐ Yes
☐ No

Do you need PTO Tracking Software? (Note: A fee applies for this service. If you answer yes, we will provide you with a quote):

- ☐ Yes
☐ No

****If applicable, I would like to change my agent of record to EFS for:***

- ☐ Medical
☐ Dental
☐ Vision
☐ Group Term Life Insurance
☐ Group Voluntary Life Insurance
☐ Group Disability
☐ Other

- ☐ I understand EFS will send me instructions on how to complete a change of agent of record form.
☐ I understand that, should I choose Erickson Financial Services & the Office of Emmett J. King as my agent of record, I will receive a free access to a Benefit Administration portal. Access to this portal will terminate at the point in time when the relationship with Erickson Financial Services, Inc. & the Office of Emmett J. King ends.

Printed Name

Signature

Date