

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