EXECUTIVE BENEFITS BROKERAGE

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Long Term Disability Employer Fact Finder

Business Name____

Nature of Business____

Years in Business_________ Contact Person________________________________

Address and Phone____

____

Total # of owners_________________________ Total # of employees____________

Type of Business

C Corporation Y or N

Public or Private Corporate Tax bracket_________

Pass Through Entity

Partnership_____ LLC- taxed as partnership____ S-Corp ____ Sole Proprietor _____

Key Employees

	Name	DOB	Position	Income*	Owner
1.					
2.					
3					
4.					
5.					

* Income should be broken out by salary and variable compensation.

Have Provisions been made to offset loss of business caused by disability? Y or N

Have any extra fringe benefits been provided to owners or Key employees only? Y or N

Current Benefits

Group Short term disability? Y or N – Please provide booklet

If yes: provide details: ____

____

____

Group Long Term disability? Y or N - Please provide booklet

If yes: provide details: ____

____

____

Written Salary Agreements with owners or Key employees? Y or N

If yes: provide details ____

____

____

Buy Sell agreement in Place in the event of Disability? Y or N

If yes: provide details ____

____

____

Any executive life or disability benefits in Place? Y or N

If yes: provide details ____

____

____

Family Owned business: How many children? ________ How many work in business? ____________

Do you have a succession plan for non- working family members? Y or N

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Understanding Plan definitions: (If you have a plan)

Do you know how disability is defined in your group plans or buy sell agreements? Y or N

If yes provide details ____

____

____

What income does your disability plan cover? Total compensation Y or N Salary only Y or N

Other income (like s profits?) Y or N

Does your plan provide for benefits if you or your employee can only work part time and have a loss of income? Y or N

Are there other plans you wish us to look at. Executive/Group Life, Critical Illness.

Producer/Consultants Name: ____

Phone Number: _________________________ mobile number ______________________________

e-mail contact: ____

____

Mailing address: ____

____