

## **EMPLOYEE BENEFITS LIABILITY QUESTIONNAIRE**

**APPLICANT NAME:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

To enable us to consider your request for employee benefit liability coverage, we need to have written responses to the following questions. Please send copies of written procedures which apply to these questions.

1. Who controls benefit administration?
2. What training is provided to person responsible?
3. What is the procedure for notifying employees of their benefits?
4. Is there a process in place to verify that benefits administration paperwork is checked for accuracy and compliance with benefits policy at least monthly?
5. How frequently are comprehensive benefit audits conducted?
6. What benefits are made available to employees?
7. Who is eligible for benefits?
8. Are the same benefits offered to all regular, full-time employees?

9. Are any benefits offered to half-time employees?
10. Has there ever been a dispute or threatened dispute over benefits?
11. How many employees receive one or more benefits? How many employees are not eligible to receive any benefits?
12. Is a signed acceptance/rejection form kept in all employees' personnel files?
13. Does the proposed insured have a pension plan for employees? If yes, please answer the following questions:
  - a) Who is the investments advisor for the plan?
  - b) Is the investment advisor for the plan registered with the Securities and Exchange Commission?
  - c) What is the relationship of the investment advisor to the proposed insured?
  - d) Is there a written policy statement outlining the plan's investment objectives and how they will be achieved and monitored?
14. Can employees continue life and/or health benefits while on leave of absence?
15. Does your life and/or health policy restrict coverage for employees on a leave of absence?