

Employee Benefit Action Checklist

Which of the following employee benefit plans is the business:

Already Using

Interested In

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Life Insurance Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Insurance Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Qualified Retirement Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability Income Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Vision/Dental Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Long-Term Care Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Cafeteria Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Voluntary Benefit Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Selective Executive Benefits |

Is the employer satisfied with the current employee benefit plan?

Which new benefit(s) are most important now?

What are the business owner's objectives in regard to this business providing personal and family financial security?
