

# 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?

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Which new benefit(s) are most important now?

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

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