New/Takeover Business Checklist

Cobbs, Allen & Hall of Louisiana

Legal Business Name:			
Physical Address:			
Mailing Address:			
Industry Type:			
Phone:		Fax:	
Federal Tax ID:		SIC Code:	
Contact Person:		Phone:	
Email Address:			
Years in Business:		# of Locations:	

Medical Plan:		Yes		No	# of Plans
Dental Plan:		Yes		No	
Vision Plan:		Yes		No	
Basic Life/AD&D:		Yes		No	
Disability:		Short Term		Long Term	
Voluntary Life:		Yes		No	
Other:					

Employer Contribution:	Employee % or $		Dependent % or $	
Medical				
Dental				
Vision				
Disability				
Participation:	Total Eligible Employees:		Total Ineligible:	
Eligibility/Waiting Period:				

Please provide the following items:

Employee Census (*groups size 2-99 must include dependents)*	
Most Recent Medical Invoice	
Benefits Summary for each line of coverage	
Renewal Summary for each line of coverage	
Premiums vs. Claims Reporting for last 2 years	
High Cost Claimants Report for last 2 years	
Employee Handbook	