

“GETTING STARTED WITH ABI CHECKLIST”

For Benefits

- Attach a copy of the most recent health insurance billing statement for total monthly premium paid
- Include a schedule of benefits outlining the medical deductibles, co-pays and coverages
- What percentage or dollar amount of the medical premium is the company paying _____% _____\$?
- Does it cover: *circle one* Employee Medical Only; Medical and Dental Only; Medical, Dental and Life Only; or All Coverage's?
- Does company pay a percent or dollar amount for any dependent coverage's (Yes ____% ____\$ / No)? Does it cover: *circle one* Medical Only; Medical and Dental Only; Medical, Dental and Life Only; or All Coverage's?

For Payroll

- Attach a copy of the most recent payroll run showing all employees for a pay period; regular pay cycle is: (*circle one*) Weekly; Bi-Weekly; Semi-Monthly; Monthly.
- *Do you outsource payroll currently yes – no? With who?*

For Workers Compensation

- Attach a copy of the “Summary Page” of your current Workers Compensation provider.
- 5 years loss history