



“INFORMATION NEEDED FOR PROPOSAL CHECKLIST”

FOR BENEFITS

- CSV File with Employee Last Name, First Name, Email Address
- 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

FOR PAYROLL

- Number of employees _____
- What is pay cycle _____
- Do you outsource payroll now and to whom _____?

FOR WORKERS COMPENSATION

- Attach a copy of Summary Page of your current policy
- 3 years loss history
- Current Mod Sheet

If you have questions regarding the information, please call us at 972-670-8788.

Thank You