



Prospect Profile Sheet

Prospect Name: _____

Address/City/State/ Zip: _____

Current Carrier(s): _____

How are the Plans currently marketed? _____

Why are you looking to move?

Enrollment Type: Mandatory Enrollment? _____, Accept/Reject Requirement? _____, Group Meetings, Face-to-Face Meetings, Self-Service, Telephonic Included? _____

System of Record (Ongoing or One-Time): (PeopleSoft, ADP, etc.) _____

Enrollment Dates: _____

Effective Date: _____

Number of Enrollment Locations: _____

Will the employees be actively-at-work? Provide a list of those not at work, reason, date, expected return.

Products of Interest (check all that apply):

Medical: ___ Dental: ___ Vision: ___ Life: ___ Disability: ___

Voluntary Benefits (Critical Illness, Accident, Hospital Indemnity): _____

401(k): _____ Other: _____

Minimal Essential Health Coverage: _____ Non-Subscription Occupational Accident: _____

Commercial Liability: _____ Auto & Home: _____