

SMALL BUSINESS FACT FIND

About your Business:

Name of Business* _____

Nature of Business (Describe your business) _____

Business Type:

C-Corp S-Corp LLC Partnership Sole Proprietor

Contact Information:

First Name* _____ Last Name* _____

Position _____

Street Address* _____

City* _____ State* _____ Zip Code* _____

Phone* _____ Fax _____

Email* _____

EMPLOYEE BENEFIT STRATEGIES

Is it important for you to provide benefits plans for:	Yes	No
A. Retirement		
B. Health Insurance		
C. Dental Insurance		
D. Vision Insurance		
E. Short-Term Disability		
F. Long-Term Disability		
G. Long-Term Care Insurance		
H. Life Insurance		

Have you considered offering voluntary (employee paid) insurance plans?	Yes	No
A. Life Insurance, Disability, Long Term Care Insurance		

Do you feel that your existing employee benefit plans:	Yes	No
A. Attract and retain quality employees?		
B. Enhance employee performance?		
C. Are understood and appreciated by employees?		
D. Require more company resources than desired?		

EXECUTIVE & KEY EMPLOYEE BENEFIT STRATEGIES

How concerned are you about providing retirement, disability or survivor benefits for: Yes No

- A. Yourself?
- B. Employee shareholders/partners?
- C. Executives?
- D. Key Employees?

How concerned are you with protecting your company against loss of a key employee due to: Yes No

- A. Death?
- B. Disability?
- C. Being hired by a competitor?

What features do you feel would create an attractive benefit program for select participants?
(Select all that apply)

- Ability to select plan participants
- Ability to control when benefits are paid
- Provisions for benefits upon retirement
- Provisions for benefits in the event of death
- Funded through employer contributions
- Ability to provide greater benefits for selected employees
- Availability of diversified investment options
- Provisions for benefits in the event of disability
- Funded through employee contributions
- Funded through a combination of employee and employer contributions

Have you ever considered implementing a selective benefit program that provides: Yes No

- A. Tax-deferred accumulation of plan assets?
- B. Tax-advantaged distributions from plan assets?
- C. Protection from claims of creditors?

Would you be interested in providing insurance plans for yourself, partners and/or key employees? Yes No

- A. Life, Disability Income and Long-Term Care Insurance

BUSINESS TRANSFER

How concerned are you about what happens to your business in the event of your:	Not Concerned	Concerned	Very Concerned
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- A. Retirement?
- B. Disability?
- C. Death?

In the event of your retirement, death or disability, How concerned are you about:	Not Concerned	Concerned	Very Concerned
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- A. There being sufficient capital to continue operating your business?
- B. Who will run your business?
- C. Who will control your business?

Do you want your business to be:	Yes	No
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- A. Retained by your family?
- B. Sold?
- C. Liquidated?

Do you have a written business plan which:	Yes	No
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- A. Is mandatory for both buyer and the seller?
- B. Sets the price that you or heirs will receive?
- C. Assures that the buyer will have funds to purchase the business?
- D. Accurately reflects your share of the fair market value, including goodwill?
- E. Sets the value of your interest for estate tax purposes?
- F. Creates an arrangement that achieves the desired management and ownership?

Do you and your business partners currently maintain a funded buy sell agreement & key person insurance ?	Yes	No
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- A. Life Insurance
- B. Disability Insurance

