



State Association /Company _____

Contact Person _____ **Date** _____

1. Do you currently offer health insurance coverage? **Yes** **No**

2. What do you like about your plans?

3. What don't you like about your plans?

4. What carrier or insurance company are you with?

5. How many employees do you have? _____

6. How many employees are on the plan? (approximately) _____

7. When does your health plan renew? _____