**Questions re: possible Association Health Plan and 401(k) Plan**

1. **Do you currently have a 401(k) for your employees?**

* Yes
* No

1. **If "yes" to above, who is your provider?**
2. **If you don't have a plan currently, would you consider one for the future?**

* Yes
* No

1. **If you have one, what is your current asset size?**

* 0 - $ 500K
* $ 500 K - $ 1M
* $ 1M - $ 2M
* $ 2M - $ 5M
* $ 5M +

1. **What is your participant size?**

* 1 - 10
* 11 - 25
* 26 - 50
* 51 - 75
* 76 - 100
* 100 +

1. **Do you currently perform the day to day operational tasks on your 401(k) plan?**

* Yes
* No

1. **If 'yes' on the above question, do you like being involved in the investment selection process?**

* Yes
* No

1. **How often is 401(k) education performed annually?**

* 1
* 2
* 3
* 4 or more times per year

1. **If you currently have a 401(k), is your plan required to have an independent audit?**

* Yes
* No

1. **If "yes" to #9 above, what are your approximate auditing costs?**
2. **Would you be interested in potentially pooling your plan along with other members in an effort to negotiate more purchasing power?**

* Yes
* No

1. **Would you be willing to serve on the board of a joint retirement plan?**

* Yes
* No
* I'd think about it

**Section 2**

***FOR COMPANIES OFFERING GROUP MEDICAL INSURANCE***

1. **Do you currently offer group medical insurance to your employees?**

* Yes
* No

1. **If you provide medical coverage, who is your insurer?**
2. **How many employees in your plan?**
3. **What percentage of employee premium to you contribute?**
4. **What is your renewal month?**

**Section 3**

***FOR COMPANIES OFFERING DENTAL***

1. **Do you offer dental coverage?**

* Yes
* No

1. **If you provide DENTAL, who is your insurer?**
2. **How many employees participate in your dental plan?**
3. **What percentage of employee premium do you contribute?**
4. **What is your renewal month?**

**Section 4**

***FOR COMPANIES OFFERING VISION***

1. **Do you offer VISION coverage?**

* Yes
* No

1. **If you offer VISION, who is your insurer?**
2. **How many employees participate in the plan?**
3. **What percentage of employee premium do you contribute?**
4. **What is your renewal month?**

**Section 5**

***FOR COMPANIES OFFERING LIFE INSURANCE***

1. **Do you offer LIFE insurance?**

* Yes
* No

1. **Who is your insurer?**
2. **How many employees participate in the plan?**
3. **What percentage of employee premium do you contribute?**
4. **What is your renewal month?**

**Section 6**

***FOR COMPANIES OFFERING DISABILITY***

1. **Do you offer DISABILITY?**

* Yes
* No

1. **Who is your insurer?**
2. **How many employees participate in the plan?**
3. **What percentage of employee premium do you contribute?**
4. **What is your renewal month?**
5. **Do you currently work with an insurance agent/broker for your group insurance plan?**

* Yes
* No

1. **If an association program were established for group insurance, would you consider participating in the program if the benefits and pricing were beneficial?**

* Yes
* No
* Not sure

1. **Are there other programs/services/products you would like to see offered by the Association?**