

For employers offering or shopping medical, dental, vision, disability, and life plans. Attach a full employee census (name or ID, date of birth, gender, home ZIP, coverage tier, salary, class, hire date), current rates and plan summaries (SBCs), the renewal notice, and any claims reports. Group life detail uses CWCO-SUP-GRPLIFE.

1 EMPLOYER INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	SIC / NAICS CODE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ S corporation ☐ C corporation ☐ Nonprofit

BENEFITS CONTACT / TITLE	PHONE	EMAIL
PLAN RENEWAL / EFFECTIVE DATE	PAYROLL / HR PLATFORM	STATES WHERE EMPLOYEES LIVE

2 WORKFORCE & ELIGIBILITY

Headcount:
 Full-time employees (30+ hrs) Part-time employees Full-time equivalents (FTEs) Employees enrolled in medical
 Employees waiving coverage COBRA / state continuation enrollees Retirees covered Seasonal or variable-hour

ELIGIBILITY HOURS PER WEEK	WAITING PERIOD (DAYS)	EMPLOYEE CLASSES (E.G., HOURLY / SALARIED)

COVERAGE TIER	EMPLOYER PAYS (% OR \$)	EMPLOYEES ENROLLED

Tiers: employee only; employee + spouse; employee + child(ren); family.

2-1 Does the employer have 50 or more full-time equivalent employees (an Applicable Large Employer under the ACA)? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Is the employer part of a controlled group or affiliated with other companies that share employees? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 CURRENT PLANS & FUNDING

Average 2025 premiums reached \$9,325 for single and \$26,993 for family coverage, up 5-6% in a year. Level-funded plans now cover 37% of covered workers at small firms.

PLAN (MEDICAL, DENTAL, VISION, STD, LTD, LIFE, OTHER)	CARRIER	MONTHLY PREMIUM (\$)	RENEWAL CHANGE (%)

Medical funding type:
☐ Fully insured ☐ Level-funded ☐ Self-funded with stop-loss ☐ ICHRA / QSEHRA ☐ None offered

Plan features (check all):

- ☐ HSA-qualified plan ☐ HRA ☐ FSA / Section 125 plan ☐ Multiple medical options ☐ Telehealth ☐ GLP-1 weight-loss coverage
☐ Voluntary benefits (accident, critical illness, hospital) ☐ Employee assistance program

Goals for this renewal (check all):

- ☐ Lower cost ☐ Richer benefits ☐ Add plan options ☐ Move to level-funded or self-funded ☐ Add dental / vision / disability
☐ Recruit and retain staff ☐ Simplify administration

4 EXPOSURE & RISK QUESTIONS — CLAIMS EXPERIENCE

Answer from carrier-provided reports only. Do not collect or share any employee's health information; ACA small-group plans are not individually health-underwritten.

- 4-1 Has the carrier or stop-loss vendor reported any large claims over \$50,000 in the last 24 months (totals only, no names)? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-2 Are any employees currently on leave or receiving disability benefits (count only)? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-3 Are monthly claims reports or renewal experience available for the last 24 months? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-4 Has the current carrier proposed a renewal increase of more than 10%? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-5 Does the employer offer a wellness program or incentives? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — ADMINISTRATION & COMPLIANCE

The Labor Department settled with a major insurer over 200+ supplemental life claims denied for missing evidence of insurability while payroll deductions continued; courts have held employers can be liable too.

- 5-1 Are premium deductions started only after the carrier approves any required evidence of insurability? ☐ Yes ☐ No
IF YES, EXPLAIN
- 5-2 Are Summary Plan Descriptions, SBCs, and required notices distributed on time? ☐ Yes ☐ No
IF YES, EXPLAIN
- 5-3 Is a Section 125 plan document in place for pre-tax employee contributions? ☐ Yes ☐ No
IF YES, EXPLAIN
- 5-4 Is a Form 5500 filed for each plan that requires one? ☐ Yes ☐ No
IF YES, EXPLAIN
- 5-5 Is COBRA or state continuation administered by a vendor? ☐ Yes ☐ No
IF YES, EXPLAIN
- 5-6 Are ACA reporting forms (1094/1095) filed if required? ☐ Yes ☐ No
IF YES, EXPLAIN
- 5-7 Has the employer received a DOL, IRS, or state inquiry or penalty about benefits in the last 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6 CENSUS SUMMARY

Attach the full census as a spreadsheet. Summarize here if a spreadsheet is not yet available.

AGE BAND	EMPLOYEES	SPOUSES	CHILDREN	AVERAGE SALARY (\$, ILLUSTRATIVE)

Age bands: under 30; 30-39; 40-49; 50-59; 60-64; 65 and over.

7 RISK MANAGEMENT & PRIOR COVERAGE

CURRENT BENEFITS BROKER / CARRIER

YEARS WITH CURRENT CARRIER

7-1 Has any carrier declined to quote or non-renewed the group in the last 3 years?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Does someone review benefits enrollment against payroll deductions each month?

☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This questionnaire is an intake document prepared by Cory Washington & Co. LLC to support carrier quoting; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)

TITLE

DATE

PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE