



Employee Benefits Assessment Checklist

Company Name: _____

Main Contact: _____

Provide Key Contacts:

Human Resources _____

Chief Financial Officer _____

Controller _____

President _____

Chief Operating Officer _____

Vice President _____

Benefits Administrator _____

Safety Manager _____

Other: _____

Required Information Checklist:

- Current Census
- Medical Summary Plan Description (SPD) or Certificate of Coverage
- Short and Long Term Disability SPD
- Dental SPD
- Life (Base and Voluntary) SPD
- Medical/Stop Loss Administrative Contracts (if self insured)
- Employee/Employer Premium Contribution Strategy
- Last 2-3 years of Medical Claims Experience (month by month)

Helpful Additional Information Checklist (not necessary for initial assessment):

- Most recent 3 renewal justification worksheets
- Samples of Employee Communications
- Employee Handbook
- COBRA/Flex HIPPA Documents
- Disease Management Program Overview and Reports
- Wellness Program Overview/Initiatives
- Health Risk Assessment Reports
- Previous Employee Survey Responses
- Copy of the Most Recent 5500's
- If available, most recent 12 months of completed claims including the following:
 - ICD9 Codes
 - Place of service
 - Discount information