



RFP Data Gathering Form

Broker / Consultant Information

Name Of Broker / Consultant Firm:	
Name Of Broker / Consultant:	
E-mail Of Broker / Consultant:	

Employer Information

Employer Name:		
Employer Address:		
City:	State:	Zip:
Will Divisional Reporting Be Required, If So How Many:		
How Many Billing Sites Are There:		
Number Of Benefit Eligible Employees:		
When Is Proposal Needed:		
Planned Effective Date:		

FSA

Plan Type: New Or Existing:	
If Existing Plan:	
How Many Participants In Health Care Plan:	
How Many Participants In Dependent Care Plan:	
How Many Participants, Participate In "both" Plans:	
How Many Total Participants In The Plans:	
Current Vendor:	
Why Are You Seeking A New Administrator:	

HRA

Plan Type: New Or Existing:	
If Existing Plan:	
How Many Participants In Health Care Plan:	
Current Vendor:	
Why Are You Seeking A New Administrator:	

COBRA

How Many COBRA Eligible Benefit Plans:	
How Many Terminations Per Year (turnover):	
How Many New Hires Per Year:	
How Many Current Active COBRA Continuant:	
How Many Current Pending COBRA Continuant:	
Current COBRA Vendor:	
Why Are You Seeking A New Administrator:	

Transportation Reimbursement Plan

Plan Type: New Or Existing:	
Transit Plans Are "reimbursement" Type Only.	
How Many Participants In Plan:	
Current Vendor:	
Why Are You Seeking A New Administrator:	

Comments:

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