

# PhillipsCamden Agent/Broker Case Fact Finer Form

This form is fillable

This form must be completed in full and sent to PhillipsCamden for consideration. Completion of all items is required before approval for enrollment is given.



## **Agent/Broker Information**

Name: \_\_\_\_\_

Agency Name (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

ST: \_\_\_\_\_

Zip: \_\_\_\_\_

Office Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Employer Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

ST: \_\_\_\_\_

Zip: \_\_\_\_\_

Office Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Industry Type: \_\_\_\_\_

## **General Case Information**

Requested Enrollment Dates: \_\_\_\_\_ to \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Number of Eligibles: \_\_\_\_\_

Number of locations: \_\_\_\_\_ (If multiple locations please complete last section with separate location information)

Are there Union Employees: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Estimated turnover percentage: \_\_\_\_\_

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## **Enrollment Communications**

*This proposed communication strategy must be approved by the Employer/Client, Broker and PHILLIPSCAMDEN (Tinker) prior to the enrollment being approved and scheduled.*

**Employer Approval Signature:** \_\_\_\_\_

**Broker Approval Signature:** \_\_\_\_\_

**PHILLIPSCAMDEN Approval Signature:**  
\_\_\_\_\_

**Communication Distribution:** please provide a detailed description (*twenty-five words or more*) for each type of communication with the frequency and description of the communication strategy that was proposed to the client.

## **Print Communications**

Yes:  No:  **Posters/Table Tents:** \_\_\_\_\_

Yes:  No:  **Payroll Stuffers:** \_\_\_\_\_

Yes:  No:  **Mailings:** \_\_\_\_\_

Yes:  No:  **Other:** \_\_\_\_\_

## **Electronic Communications**

Yes:  No:  **Email:** \_\_\_\_\_

Yes:  No:  **Intranet:** \_\_\_\_\_

Yes:  No:  **Web Based:** \_\_\_\_\_

Yes:  No:  **Other:** \_\_\_\_\_

## **Other**

Yes:  No:  **Group Meetings:** \_\_\_\_\_

Yes:  No:

Yes:  No:

Yes:  No:  **Other:** \_\_\_\_\_

