

Broker/Agency Questionnaire

Broker Name:

Broker Agency:

Broker/Agency Address:

Years of experience of Broker:

List current/previous Municipality Clients:

Please explain:

1. Your strategy for marketing our medical plan.
2. What cost containment strategies are appropriate for our group, have cost reducing impact, are reasonable to implement, and provide the best benefit for our employees.
3. The difference between fully insured and partially insured medical plans and what program typically makes sense for an organization of our size (approximately 100 employees). Please give 2-4 points in detail to support which of these plans are the most appropriate for us.
4. How your compensation is structured. Are you paid directly from the insurance carrier, or by flat fee or a percentage? What structure would you use for our group? Please be specific in what structure you would use and calculate what your potential compensation would be if possible.
5. Your service model, group benefits management style, and how the broker works with the service team to meet employer and employee needs.
6. Two detailed examples of how you provided exemplary service to a client and the service we can expect from you on a consistent basis.
7. What types of value added programs you offer your clients that go beyond the insurance programs and the service model.
8. Any technology that can assist our employees with managing their benefits and/or any technology that can assist our group as a whole with streamlining processes and benefits.

Please submit completed questionnaire to pulaskiauditor@pulaskicounty.in.gov by March 15, 2021. Upon completion of our review, interviews will be set with those brokers who fit the needs and expectations of Pulaski County to discuss these topics and any additional topics that are noteworthy. Thank you for your interest and we look forward to reviewing your response. Please call 574-946-3653 with questions and/or concerns.