

THE BENEFITS CONSULTING GROUP, INC.

53 West Jackson Boulevard, Suite 1651
Chicago, IL 60604
(312) 427-9140
FAX (312) 427-9757
Toll Free (866) 722-4124

Proposal Request Form

SECTION A – EMPLOYER

1. Name	Company Name	Type of Entity	
2. Company Address	Street No. and Name	Suite No.	
	City	State	Zip
	3. Contact	Primary Contact	Phone

SECTION B - QUESTIONS

- Does employer have ownership in any other company? Yes No If yes, please attach explanation.
- Does the employer currently sponsor another qualified plan? Yes No If yes, please attach explanation.
- Has the employer EVER sponsored another defined benefit plan? Yes No If yes, please attach explanation.
- Date business commenced: ____/____/____
- Does the employer wish to offer employee tax deductible contributions as part of the plan? Yes No
- Please give an estimated preferred contribution amount to be allocated to the key/principal employee: _____
- List any special objectives: _____

- Date Proposal Needed: ____/____/____

SECTION C – REFERRAL INFORMATION

Name		
Street No. & Name		
City	State	Zip
Phone	Fax	E-Mail

- Accountant Broker Other: _____

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Proposal Request Form (con't)

SECTION D – EMPLOYER

	NAME	M / F	DOB	DOH	COMPENSATION Year: _____	OFFICER	% OWNERSHIP	RELATION TO OWNER
*								
<input type="checkbox"/>	1. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	2. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	3. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	4. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	5. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	6. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	7. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	8. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	9. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	10. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	11. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	12. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	13. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	14. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____
<input type="checkbox"/>	15. _____	M / F	_____	_____	\$ _____	Y / N	_____ %	_____

If there are more than 15 employees, please supply data electronically. This information can be emailed to ls@benefitsconsulting.net

*Maximize Contribution