



**Benefits Connection, LLC**  
**New Broker Questionnaire**

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

**Company Address:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Names of Agents/email/phone:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Average client size:** \_\_\_\_\_

**Current preferred vendor for COBRA/FSA:** \_\_\_\_\_