

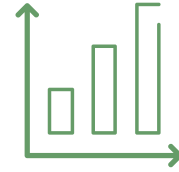
# Business Solutions Checkup



**Do your employees  
feel appreciated?**



**Are your benefit  
costs increasing?**



**How do you manage  
growing and protecting  
your business?**

With New York Life by your side, we can find the optimal solutions for your specific needs and budget. Personal guidance and support are what differentiates a New York Life agent from other business service providers. Beyond an enrollment process, New York Life agents strive to provide best-in-class customer service for your business and your employees.

**Let our business take care of your business.**

**Organization name:**

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**Phone:**

**Email:**

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**Agent name:**

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**CA/AR insurance lic.# (If applicable):**

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**Phone:**

**Email:**

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**BUSINESS  
SOLUTIONS**

# Let's keep talking. Please fill out this form.

## 1. First, please tell us...how's business?

How many years has the business been operating?			
Describe the current growth trend of the business?			
Do you feel that your employees feel appreciated?	<input type="checkbox"/> Definitely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not really
When was the last time you reviewed your benefit program? (Month & Year)			
Do you currently work with a third-party service provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Total # of employees:			

## 2. Please rank the below solutions you would like to focus on in order of priority (write 1-6):

_____ Retaining employees with employee benefits (see section 3 if priority)
_____ Income protection for business owner's family and dependents (see section 4 if priority)
_____ Business owner's retirement planning (see section 5 if priority)
_____ Protecting your business from the loss of key employees (see section 6 if priority)
_____ Protecting your business from the loss of a co-owner (see section 7 if priority)
_____ Executive benefits for your top employees (see section 8 if priority)

## 3. Tell us about the benefits you offer your employees.

	Definitely	Somewhat	Not really
Does your current service provider add value to you and your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your service provider looking at your benefits plan at renewal from a cost shifting perspective only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your plan design evolving as your business evolves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your benefits provider provide ongoing support for your employees beyond enrollment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your benefit program design take into account the goals of your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any changes you would like to see with your current benefit program design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I offer competitive employee benefit products to all of my employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have incentives to recruit and retain employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you currently offer your employees any of the following benefits?	No	Interested	Yes	Date established
Voluntary individually owned whole life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Group term life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Group short-term disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Group long-term disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If you currently offer your employees group life and disability insurance, please specify the benefits schedule:**

Life flat benefit \$ _____ or multiple of earnings (1x, 2x, 3x) _____
How are premiums funded? <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Shared (both)
Short-term disability elimination period _____ Duration _____ Benefit maximum _____
How are premiums funded? <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Shared (both)
Long-term disability elimination period _____ Duration _____ Benefit maximum _____
How are premiums funded? <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Shared (both)

**4. Please rank the top three of the following areas in the order of greatest concern (write 1-3):**

_____ Protecting assets against judgment creditors
_____ Keeping income taxes as low as feasible
_____ Providing for adequate retirement income
_____ Matching capital assets with risk tolerance
_____ Protecting future income in case of death/disability
_____ Keeping estate taxes and costs as low as possible

**5. Business owner retirement information**

I expect the value of my business to provide a significant portion of my retirement income.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not at all
I am not saving for retirement since I plan to never retire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not at all
If my business partner were to die or leave, I'd want to buy his or her share.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not at all
I am not sure where I would get income if I were no longer working.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not at all

**6. List key employees whose death or disability would jeopardize company profits:**

Name	Age	Compensation	Time to replace	% contribution to profit

**7. Which of the following do you have in place?**

Buy-sell agreement	Business succession plan
_____ There is no buy-sell agreement in place	_____ At least one successor owner has been identified
_____ There is a partially funded agreement in place	_____ Potential successors lack experience
_____ There is a fully funded agreement in place	_____ There is no succession plan in place
_____ This is not an area of concern	_____ This is not an area of concern

**8. Do you currently offer your employees any of the following retirement or executive benefits?**

	All Employees		Targeted at Key Employees	
<b>Pension</b>	<input type="checkbox"/> Have	<input type="checkbox"/> Interested		
<b>Profit sharing</b>	<input type="checkbox"/> Have	<input type="checkbox"/> Interested		
<b>401(k)</b>	<input type="checkbox"/> Have	<input type="checkbox"/> Interested		
<b>Nonqualified deferred comp.</b>	<input type="checkbox"/> Have	<input type="checkbox"/> Interested	<input type="checkbox"/> Have	<input type="checkbox"/> Interested
<b>Executive bonus plan</b>	<input type="checkbox"/> Have	<input type="checkbox"/> Interested	<input type="checkbox"/> Have	<input type="checkbox"/> Interested
<b>Split-dollar arrangement</b>	<input type="checkbox"/> Have	<input type="checkbox"/> Interested	<input type="checkbox"/> Have	<input type="checkbox"/> Interested

<b>Do you offer your employees access to a financial professional?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at all
<b>Do you offer any type of financial wellness or education programs to your employees?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at all
<b>Do you currently offer your employees access to other individually owned insurance and financial products through payroll deduction?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at all

Neither New York Life Insurance Company nor its agents provide tax or legal advice. Please consult your own tax and legal advisors regarding your particular situation.

These policies have exclusions, limitations, and terms under which the policies may be continued in force or discontinued. For costs and complete details of the coverage, please contact your New York Life agent or the company.

**New York Life Insurance Company**

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