

**Suhr Risk Services
Small Group Questionnaire**

Contact
Name:
Title:
Telephone:
Email:
Fax:

Company:
Name:
Address:
Website:
Year Founded:

| What are your Current Monthly Employee Contributions for Coverage: | | | | |
|---------------------------------------------------------------------------|---------------|-------------------|---------------------|-------------------|
| | Employee Only | Employee & Spouse | Employee & Children | Employee & Family |
| PPO Medical Plan | | | | |
| HMO Medical Plan | | | | |
| POS Medical Plan | | | | |
| HMO Kaiser Plan | | | | |
| Dental Plan | | | | |
| Dental Maint. Org | | | | |
| Vision Plan: | | | | |