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Insurance worksheet
To Be filled out by HR of employer:

Health / Benefit Package

A: Health

- ☐ HMO
- ☐ PPO
- ☐ Other

_____ Calendar Year Deductible

_____ Co-Payment

☐ Dental

- ☐ Not Offered
- ☐ No limit

$ _____ / per year maximum

☐ Eyeglasses

- ☐ Not Offered
- ☐ No limit

$ _____ / per year maximum

☐ Other notes / Comments : _____

_____

B: Disabililty

_____ Elimination Period

☐ Work Comp coordinated ?

C: Life Insurance

- ☐ Whole Life
- ☐ Term

$ _____ Starting Face Amount

D: Supplement Available ?

☐Yes ☐ No

Real Property Coverages

A: Property insurance: Company owned equipment

is loss / theft covered

- ☐Y ☐N Blackberry
- ☐Y ☐N Cell Phone
- ☐Y ☐N Laptop
- _____ Other

B: Car Rental:

- ☐Y ☐N LDW
- ☐Y ☐N CDW

C: Company Credit Card

Real Property Coverages

Other Notes and Special Considerations:

_____

_____

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