**Qualifying Questionnaire**

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_

Representative Completing QQ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How many W2 employees? \_\_\_\_\_\_\_\_\_\_\_

Full Time employees (making over $25k)? \_\_\_\_\_\_\_

Do you offer an employee health benefit?

Yes No

If yes, how many employees are participating? \_\_\_\_\_

If yes, how much do the employees contribute toward the plan premium? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, would you like to offer a benefit package at no cost\* to you or your employees? Yes No

Book a call to get all the info you need!

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