



## Wellbeing Consultant/Broker Survey-- Client Needs Assessment

To help us serve you and your clients better, please take a moment to complete the Client Needs Assessment.

### Company Information

<b>Client Name</b>	
<b>Company Industry Type</b>	
<b>Company HQ Location</b>	
<b>Total Number of Locations</b>	
<b>Total Eligible Employees</b>	
<b>Total Medically Enrolled EE</b>	
<b>Total Medically Enrolled SP</b>	
<b>Percent Male/Female</b>	
<b>Insurance Carrier</b>	
<b>Benefit Design</b>	<input type="checkbox"/> PPO, <input type="checkbox"/> CDHP, <input type="checkbox"/> Other_____
<b>Funding Arrangement</b>	<input type="checkbox"/> Self-Insured <input type="checkbox"/> Fully Insured
<b>Organizational Culture</b>	
<b>Wellbeing Mission/Vision</b>	

### Client Point of Contact

<b>Contact Name</b>	
<b>Phone</b>	
<b>Email</b>	

### Consultant Information

<b>Consultant/Broker Name</b>	
<b>Phone</b>	
<b>Email</b>	

What is the per eligible per year budget the company has planned for wellness? (*check*)

<input type="checkbox"/>	\$0-50
<input type="checkbox"/>	\$51-100
<input type="checkbox"/>	\$101-\$150
<input type="checkbox"/>	\$151-300
<input type="checkbox"/>	Other (please define)
<input type="checkbox"/>	Undetermined

Which best describes what type of wellness program the company wants to implement: (*check*)

	Participation Based
	Points-Based
	Activity-Based
	Outcome-Based
	Undecided
	Non Applicable

What type of incentives would the company like to use: *(check)*

	Raffle/Gift Cards
	Medical Premium Discount
	Health Savings Deposit (non-taxable)
	Bonus Pay (taxable in paycheck)
	Undecided
	Non Applicable

Which best describes the company's wellbeing status: *(check)*

	Just starting no program in place
	Looking to improve our program (ad hoc services)
	Looking to replace current vendor/carrier solution

What types of programs is the company looking to include in their program? *(Circle all that apply)*

Health Assessment	Yes	No	Not Applicable
Incentive Management	Yes	No	Not Applicable
Emotional Health / EAP	Yes	No	Not Applicable
Wellness Portal	Yes	No	Not Applicable
Biometric Screenings	Yes	No	Not Applicable
Health Coaching	Yes	No	Not Applicable
Health Education	Yes	No	Not Applicable
Health Challenges	Yes	No	Not Applicable
Other (describe)			
Other (describe)			

What are the company's top three **medical claims** drivers (prevalence and/or cost)?

1.	
2.	
3.	

What are the company's top three **priority** wellbeing needs?

1.	
2.	
3.	

Please provide any other information about the company that you believe would be helpful for us to know so that we can design the most culturally/company specific program for your client.

Please send completed forms to: [stayfitinfo@simplicityhealthplans.com](mailto:stayfitinfo@simplicityhealthplans.com) or to your designated StayFit Plan Wellness Consultant.

***Thank you in advance and we look forward to working with you and your client.***