



Employee Family Protection Incorporated

APPLICATION FOR EMPLOYMENT
 P.O. BOX 1237
 GLASTONBURY, CT 06033

Date					
Name					
Home Address					
Mailing Address					
Home Number					
Cell Number					
Fax Number					
E-mail Address					
Date of Birth					
Social Security #					
Resident State License					
Non-resident licenses held:	<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> DC <input type="checkbox"/> FL 	<input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD 	<input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> NE <input type="checkbox"/> NH <input type="checkbox"/> NJ 	<input type="checkbox"/> NM <input type="checkbox"/> NV <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC 	<input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY
How long have you been in the enrollment business?					
Do you have any travel restrictions or limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail on separate sheet.				
Nearest Airport to your home					
Are you multi-lingual? If so, list languages that you speak fluently.	<input type="checkbox"/> Yes <input type="checkbox"/> No				



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<p>For which insurers have you enrolled?</p>	<input type="checkbox"/> AFLAC <input type="checkbox"/> Allstate <input type="checkbox"/> American General Life/AIG <input type="checkbox"/> Boston Mutual <input type="checkbox"/> Colonial Life & Accident <input type="checkbox"/> Met Life	<input type="checkbox"/> Unum Provident <input type="checkbox"/> Protective <input type="checkbox"/> ING/ReliaStar <input type="checkbox"/> Security Mutual of NY <input type="checkbox"/> Transamerica Assurance <input type="checkbox"/> Trustmark <input type="checkbox"/> Other <hr/> <hr/> <hr/>
<p>What type industries have you enrolled?</p>	<input type="checkbox"/> Manufacturing/Distribution <input type="checkbox"/> Transportation <input type="checkbox"/> Hospitals <input type="checkbox"/> Nursing Homes <input type="checkbox"/> Retail <input type="checkbox"/> Banking/Financial Services <input type="checkbox"/> Municipality <input type="checkbox"/> Educational Institutions <input type="checkbox"/> Real Estate/Property Mgmt	<input type="checkbox"/> Social/Human Services <input type="checkbox"/> Food Services <input type="checkbox"/> Technology Industries <input type="checkbox"/> Engineering Firms <input type="checkbox"/> Media/Information Systems <input type="checkbox"/> Other <hr/> <hr/> <hr/>
<p>What products have you enrolled?</p>	<input type="checkbox"/> Universal Life <input type="checkbox"/> Whole Life <input type="checkbox"/> Supplemental Term Life <input type="checkbox"/> Term/Permanent Combo <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> Cancer Insurance	<input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Medical/Health Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Accident <input type="checkbox"/> Pet Insurance <input type="checkbox"/> Legal Plans <input type="checkbox"/> Other <hr/> <hr/> <hr/>



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<p>In addition to voluntary benefits, what other types of communication services have you performed?</p>	<p><input type="checkbox"/> Delivery of Benefit Statements</p> <p><input type="checkbox"/> Annual Open Enrollment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Flex Benefits/Section 125</p> <p style="padding-left: 20px;"><input type="checkbox"/> Health Insurance</p> <p><input type="checkbox"/> Group Presentations/Public Speaking</p> <p><input type="checkbox"/> Call Center</p> <p><input type="checkbox"/> Benefit Fairs</p> <p><input type="checkbox"/> Other</p>
<p>Which computerized enrollment systems have you used?</p>	<p><input type="checkbox"/> Unum PLANE.biz</p> <p><input type="checkbox"/> Colonial Life & Accident</p> <p><input type="checkbox"/> American General/AIG</p> <p><input type="checkbox"/> Trustmark Notepad</p> <p><input type="checkbox"/> ING/ReliaStar</p> <p><input type="checkbox"/> Common Census</p> <p><input type="checkbox"/> Allstate Ins.</p> <p><input type="checkbox"/> Falcon Technologies</p> <p><input type="checkbox"/> Other</p>
<p>List other enrollment firms/insurance companies for which you have performed enrollment services:</p>	
<p>Do you have experience as an enrollment case manager?</p> <p>If yes, what is the largest size case you have managed?</p> <p>How many benefit counselors reported to you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ locations</p> <p>_____ benefit counselors on team</p>
<p>What is the average number of employees you typically interview per day on a one on one basis, assuming normal enrollment conditions?</p> <p>Average premium per day?</p>	<p>Interviews _____</p> <p>Premium: _____</p>
<p>Please tell us about your availability to enroll in 2012</p>	



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Provide information on three (3) benefit counselors (enrollers) with whom you have worked:	Name	Phone Number
	1. _____	
	2. _____	
	3. _____	

Benefit Counselor Signature

Date

Please return this completed application to:

EFP P.O. Box 1237 Glastonbury, CT 06033	recruiting@efpnow.com	Fax: 860-659-5921
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