Executive Benefits Evaluator Confidential Employee Census

Company Name: Company Type: Sole Proprietership Partnership LLC S Corporation C Corporation Nonprofit/Tax Exempt								
Plan Type Desired: ☐ NQDC	/SERP □ Split Dollar Loans □ Sp	olit Dollar Rollout 🛭] § 162 Bonu	ıs □ REBA □ §419 Pla	n	☐ Survivor Incor	me DBO □ § 457(f) Plai	n 🛘 Unknown
EMPLOYEE INFORMATION: Number of Full-Time Employees: Please provide the requested information in the space provided below for each employee to be included in the executive benefit plan.								
First Name	Last Name	Date of Birth	Gender (M/F)	Date of Hire	Salary	Annual Bonus	Owner or Non-Owner	Smoker (S) or Non-Smoker (NS)