



Custom Open Enrollment Video Questionnaire

Custom Open Enrollment Video Questionnaire: Please provide the following information regarding your Custom Video for Open Enrollment. We will use this information to develop a draft script for your review.

Instructions: Insert your cursor in the **gray boxes and check boxes** to enter your responses. Text boxes will expand if necessary as you enter your responses. You can use your Tab key to move to the next field. You can save and return to the document if you need to gather additional information.

Please email the completed form in Microsoft Word format to: dcleary@videobenefitsguy.com

Broker/Consultant Information (if applicable)	Enter your cursor in the gray boxes below to complete your response:
Company Name	
Primary Contact Name	
Primary Contact Phone	
Primary Contact Email	
Employer Information	
Company Name	
How does the company refer to itself internally?	For example, Allied Industries, Incorporated might be the actual name, but internally you refer to the company as "Allied" Please enter response here
Company Web Site	
Contact Name	
Number of Employees	
Contact Phone	
Contact Email	
Contact Address	
How does the company refer to its employees (for example as, "Associates," "Team Members," "Employees")	
Benefit Plan Start Date	
Benefit Plan End Date	
Open Enrollment Start Date	
Open Enrollment End Date	
If employees have questions during enrollment, whom should they contact?	Please provide contact names and specific contact information
Invoice Information	
Contact person to receive invoice	
Contact person email address	



Medical	
Who is your current Medical carrier?	
Will you be changing Medical carriers for the coming year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", who is new Medical carrier?
Will your employees see a financial change in their Medical Contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Would you like to discuss the dollar amount or discuss the % change?) Please explain in your words
Are you adding or taking away a Medical plan this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Please explain in your words
What other <i>significant</i> changes are taking place to your Medical plans that your employees need to know about for Open Enrollment? (for example, higher copays, deductibles, etc)	Please explain in your words
Prescriptions	
Who is your current Prescription provider?	<input type="checkbox"/> Included in medical plan <input type="checkbox"/> Other If "Other," please specify
Will you be changing Prescription providers for the coming year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", who is new Prescription provider?
Will your employees see a financial change in their Prescription Contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Would you like to discuss the dollar amount or discuss the % change?) Please explain in your words
Are you changing the Prescription plan design this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Please explain in your words
Dental	
Who is your current Dental carrier?	
Will you be changing Dental carriers for the coming year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", who is new Dental carrier?
Will your employees see a financial change in their Dental Contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Would you like to discuss the dollar amount or discuss the % change?) Please explain in your words
Are you adding or taking away a Dental plan this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Please explain in your words
What other <i>significant</i> changes are taking place to your Dental plans that your employees need to know about for Open Enrollment? (for example, adding ortho or changing annual limits)	Please explain in your words



Other Benefits and Ancillary Products	
Will you be changing or adding any ancillary benefits for the coming year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Please explain in your words)
Will your employees see a financial change in any of these benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Would you like to discuss the dollar amount or discuss the % change?) Please explain in your words
Are you adding or taking away any other plans this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; what is the change? Please explain in your words)
What other <i>significant</i> changes are taking place to your ancillary benefits your employees need to know about for Open Enrollment?	Please explain in your words
Enrollment Process	
Will employees be required to re-enroll if not making any benefit changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes"; Please explain in your words)
Please describe the enrollment process including key dates and deadlines (<i>for example, online, paper, no later than xx/xx/xxxx</i>)	
If enrolling online, what is the name of the enrollment system (<i>"HR Intranet," "Benefits Portal," etc</i>)	
What is the web address of the enrollment system <i>for example, "http://www.abcenrollmentsystem.com"</i>	
Please describe how employees will receive their log-in credentials for online enrollment?	Please explain in your words
Message (optional)	
What are the three most important messages you want the audience retain after viewing the video? Please list the messages in priority; one (1) being the most important.	Message 1: Message 2: Message 3:
If you offer additional benefits not listed above that would like <i>mentioned</i> in your video please list them	Please name additional benefits here



Thank You for Completing This Questionnaire

Next Steps: We will use this information to develop a **draft script** and send it to you for your review. Please review the script and return the document with any edits to Video Benefits Guy via email at dcleary@videobenefitsguy.com. One set of client revisions is included. **Upon final script approval**, we will begin the production process for your video!

NOTE: Client should share the draft script and gather all requests and approvals prior to submitting the edited script document to Video Benefits Guy. Script changes after production has begun will incur additional fees at a rate of \$225 per hour with a three hour minimum.

If you have any additional comments or questions, please enter them here .

Please email the completed form in Microsoft Word format to: dcleary@videobenefitsguy.com

SAMPLE