



# AIA Indiana

AIA Indiana is exploring the establishment of an association sponsored group health insurance and employee benefits program for its members. In order to determine the feasibility of such a program and to gauge the level of interest of the membership, we have developed this survey which has some essential information needed by the potential insurance company who brought us this opportunity.

Please answer all the questions below as accurately as possible and return this questionnaire either by fax (317) 846.5444 or email [aiaindiana@shepherdins.com](mailto:aiaindiana@shepherdins.com) no later than July 31. All results will be kept confidential and the results will be summarized for evaluation.

1. Firm Name: \_\_\_\_\_
2. Do you provide group health insurance to your employees currently? Yes \_\_\_ No \_\_\_
  - a. If yes, who is your insurer? \_\_\_\_\_
  - b. If yes, how many employees participate in your plan? \_\_\_\_\_
  - c. If yes, what percentage of the employee's premium do you contribute? \_\_\_\_\_
3. How many full time employees do you have? (30 hours or more per week) \_\_\_\_\_
4. If an association program was established for group health insurance, would you consider participating in the program if the pricing were beneficial? Yes \_\_\_ No \_\_\_
5. Does the Affordable Care Act and the proposed American Health Care Act concern you regarding your choice of health insurance providers in the future? Yes \_\_\_ No \_\_\_

Thank you for your time.