



## PART 1: ELIGIBILITY & NEEDS ASSESSMENT

Answer the following questions to see if a nonqualified or bonus plan is right for your organization and your key employees.

| Assessment Question   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Do you have qualified retirement plans where you or any key employees receive less benefits proportionately than other employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you concerned about recruiting, retaining, and rewarding high-performing key employees?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you interested in developing special incentives to tie your key employees to the organization for the long term?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you or your key employees like to save more money on a tax-advantaged basis to help meet retirement or other savings goals? | <input type="checkbox"/> | <input type="checkbox"/> |

**Strategic Note:** If you answered "yes" to any of these questions, a nonqualified plan might be an ideal solution for you. Our specialized solutions help organizations like yours stay structurally strong and ensure key executive employees remain deeply engaged.

## PART 2: BUSINESS PROFILE

### 1. Organization Name

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### 2. Type of Business Entity

- C corporation
  S corporation  
 Partnership
  Sole proprietorship  
 Non-governmental tax-exempt organization  
 Limited liability corporation taxed as:
  Partnership
  C corporation
  S corporation

### 3. Total Number of Employees

- 0-10  
 11-50  
 51-100  
 101-200  
 201-1,000  
 1,001+

### 4. Years Organization Has Been Operating

- Fewer than 3  
 3-5  
 6-9  
 10-20  
 21+

### 5. Number of Business Owners (N/A for Tax-Exempt)

- Publicly traded  
 1  
 2  
 3+

### 6. Written Plan to Continue Organization? (Owner death/disability/retirement)

- Yes  
 No

### 7. Corporate/Business Tax Rate (Owner's individual rate if pass-through entity)

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## PART 3: PLAN DESIGN INFORMATION

### 1. Will Business Owner(s) Be Included?

- Yes  
 No

### 2. Number of Key Employees to Include

- 1-5  
 6-10  
 11-20  
 21+

### 3. How important is it to allow the organization to recover some or all of the plan costs in the future?

- Very important       Important       Slightly important       Not important

### 4. What are the main organizational goals you'd like to achieve? (Mark all that apply)

- Recruit** — Attract top employees as part of a competitive benefits package.  
 **Retain** — Encourage key employees to remain loyal to you.  
 **Reward** — Provide performance-based contributions to help achieve organizational goals.  
 **Retire** — Help key employees save for retirement and other long-term goals.  
 **Other:** .....

## PART 4: PROVIDENCE BUSINESS PRIORITY MATRIX

Identify and rate the strategic planning priorities for your business and employees to assist us in tailoring your coverage matrix.

| Planning Need / Category   | Yes                      | No                       | Planning Priority             |                              |                              |
|--|--------------------------|--------------------------|-------------------------------|------------------------------|------------------------------|
| <b>Business Protection:</b> Would the success of your business be affected by the loss of an owner or key employee?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> High | <input type="checkbox"/> Med | <input type="checkbox"/> Low |
| <b>Business Succession:</b> Have you started thinking about transitioning the ownership of your business? If so, do you have a plan defining to whom and for how much? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> High | <input type="checkbox"/> Med | <input type="checkbox"/> Low |
| <b>Key Employee Benefits:</b> Would offering additional specialized benefits help you recruit, reward, retain, and retire your key employees?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> High | <input type="checkbox"/> Med | <input type="checkbox"/> Low |
| <b>Qualified Retirement Plans:</b> Do you give all of your eligible employees retirement benefits through a 401(k) or other qualified plan?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> High | <input type="checkbox"/> Med | <input type="checkbox"/> Low |
| <b>Group and Voluntary Benefits:</b> Are you offering all your employees group benefits like life, disability, dental, vision, accident, and critical care insurance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> High | <input type="checkbox"/> Med | <input type="checkbox"/> Low |

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