



Executive Benefits Plans Questionnaire

Company Information:

Company Name: _____

Company Address: _____

Company Phone

Number: _____ ()

Contact: _____

How do you attract and retain key employees?

Which benefit programs do you feel are most appreciated by the owners and key executives?

If you could change some aspect of these programs, what would you change? Why?

Please indicate the executive compensation arrangements that are currently provided your key employees:

- | | |
|--|---|
| <input type="checkbox"/> Deferred Compensation Plan | <input type="checkbox"/> Split Dollar |
| <input type="checkbox"/> Group Term Carve-out | <input type="checkbox"/> Non-qualified Stock Option Plan |
| <input type="checkbox"/> Severance Pay Plan | <input type="checkbox"/> Incentive Stock Option Plan |
| <input type="checkbox"/> Section 419 Welfare Benefit Plan | <input type="checkbox"/> Section 162 Executive Bonus Plan |
| <input type="checkbox"/> SERP (Supplemental Executive Compensation Plan) | <input type="checkbox"/> Golden Parachute Agreement |
| | <input type="checkbox"/> Other _____ |



Provide Details on Existing Executive Compensation Arrangements:

If you were to add an additional benefit program for key employees, which of the following would represent the focus of the plan?

- ☐ Supplemental retirement income ☐ Death protection
☐ Disability income protection ☐ Earning an equity position in the company
☐ Other _____

Which group should benefit most from any new benefit program?

- ☐ Owners ☐ Non-owner employees ☐ Both

Which objectives would be most important to you in the design of a new executive benefit program? (Please check all that apply. However, it may not be possible to choose one program that meets all objectives.)

- ☐ Tax deduction for the company ☐ Ability to pick and choose participants
☐ Required employee contributions
☐ Contributions made by the employer are not currently taxed to the employee
☐ Little or no plan administration ☐ Cost recovery by employer
☐ Employer controls plan assets

Receipt of benefits tied to: ☐ Years of service ☐ Performance
☐ Agreement not to complete

On an annual basis, how much would you be willing to contribute to a plan benefiting:

Owners: \$ _____ Non-owner key employees: \$ _____ All employees: \$ _____