

QUESTIONNAIRE · COMPANY HEALTH AND PROTECTION

Employee health and protection questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. No health data about your employees is requested: only headcount and what is in place.

1. YOUR BUSINESS AND YOU

The business taking out the policy, and who to call back.

Company name : SIRET : NAF code (business activity) :

Legal form : ☐ Sole trader / micro-business ☐ Limited company (SARL / EURL) ☐ Simplified company (SAS / SASU) ☐ Other Date established :

First name : Last name : Position :

Phone : Email :

2. YOUR EMPLOYEES

The workforce to cover.

Employees : of whom managers : Average age :

Collective agreement (name or IDCC) :

Business postcode : Business in France : ☐ Yes ☐ No ☐ Being set up

3. WHAT IS IN PLACE

Current schemes, if any.

Company health plan : ☐ None ☐ Yes Group protection scheme : ☐ None ☐ Yes

Current insurer : Renewal date : Current premium : € / month

Employer contribution : % Dependants covered : ☐ Employee only ☐ Family compulsory ☐ Family optional

4. YOUR NEEDS

To study : ☐ Health (top-up cover)
☐ Group protection ☐ Both

Employee categories : ☐ All staff ☐ Managers (cadres)
☐ Non-managers

Cover wanted : ☐ Statutory minimum ☐ Comfort ☐ HR Premium ☐ Advise me

Options : ☐ Employee extra cover ☐ Extra optical / dental ☐ Telemedicine ☐ Spouse's pension
☐ Enhanced salary continuance ☐ Welfare fund

Start date wanted : ☐ As soon as possible ☐ Within a month
☐ At my current renewal ☐ Later

Target budget : € / month

Details, constraints or questions :

5. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Terms of the current policy ☐ Unilateral decision (DUE) or company agreement ☐ Latest contributions statement
☐ Kbis extract (company registration)

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: **Date:**

The policyholder

Signature

For ASSUDIRE use

Received on · adviser · study reference