



LOTUS BENEFITS CORP.

Committing to your Individual Financial Needs

2655 First St. Suite 250 Simi Valley, CA 93065

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Information Request

Individual Plan

First and Last Name _____ Phone Number _____

Address _____ Email Address _____

Areas of Interest:

<input type="checkbox"/> Medical	<input type="checkbox"/> Life Insurance: Term, Whole, Universal, IUL
<input type="checkbox"/> Dental	<input type="checkbox"/> Long-Term Care
<input type="checkbox"/> Vision	<input type="checkbox"/> Disability

Group Plan

First and Last Name _____ Title _____

Email _____ Phone Number _____

Business Name _____ Corporate Address _____

Number of Employees _____ Number of Locations _____ Nature of Business _____

Areas of Interest:

<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Group Life Insurance
<input type="checkbox"/> COBRA Administration	<input type="checkbox"/> Group Short/ Long-Term Care
<input type="checkbox"/> Payroll	<input type="checkbox"/> Group Disability
<input type="checkbox"/> Group Medical	<input type="checkbox"/> Group Accident
<input type="checkbox"/> Group Dental	<input type="checkbox"/> Voluntary Life Insurance
<input type="checkbox"/> Group Vision	<input type="checkbox"/> Critical Illness

Individual and Business Financial Planning

<input type="checkbox"/> Retirement: 401(k), 403(b)	<input type="checkbox"/> Business Overhead Expense
<input type="checkbox"/> Safe Harbor 401(k)	<input type="checkbox"/> Buy-Sell Planning
<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Succession Planning
<input type="checkbox"/> IRA: Simple and SEP	<input type="checkbox"/> Split Dollar Arrangements
<input type="checkbox"/> Non-Qualified Deferred Comp	<input type="checkbox"/> Charitable Owned Life Insurance
<input type="checkbox"/> Defined Benefits Plan	<input type="checkbox"/> Captive Insurance
<input type="checkbox"/> Premium Financing	<input type="checkbox"/> Key-Man Insurance

Requested follow-up Date _____ Time _____