

# Sample Meeting Agenda

## 1. HEALTH INSURANCE INDUSTRY TRENDS

Offer insight on the rising cost of benefits and what it means to your employees.

## 2. WHAT'S DIFFERENT THIS YEAR?

- Explain the updated plan offerings
- How will the new plan offer staff continued choice and flexibility?

## 3. COSE-SPONSORED HEALTH INSURANCE OVERVIEW

- Explain components of health insurance plan(s)
- Offer information on additional insurance coverage, including:
  - Vision through Vision Service Plan (VSP)
  - Dental through Medical Mutual of Ohio
  - Life or disability through Consumers Life Insurance Company
  - Wellness options
  - Alternative funding solutions (HSAs, HRAs and FSAs)

## 4. STRIKING A BALANCE

- Explain health insurance increases and what they mean to the company's bottom line
- Explain employees' contribution levels and/or employer-sponsored levels
- Provide employees with a complete benefits summary each quarter

## 5. EDUCATE SPOUSES/FAMILY

Encourage employees to discuss information with spouses and families

## 6. WHERE TO FIND MORE INFORMATION

Provide the insurance carrier Web site for specific and secure employee-only information ([medmutual.com](http://medmutual.com))

We have also scheduled an informal informational meeting on <date> from <time> at <place> to provide you a general overview and give you the opportunity to get answers to your questions.

In the meantime, if you have any questions, please contact <company representative> at <phone number> or send an e-mail to <e-mail address>.



## TOTAL COMPENSATION WORKSHEET

Employee name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Home address \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Mobile phone \_\_\_\_\_  
 Original hire date \_\_\_\_\_

This worksheet confirms your 20\_\_ benefits elections and personal contact information. Please make any corrections or changes and return a signed and dated copy to

no later than \_\_\_\_\_.

## OVERVIEW OF YOUR EMPLOYEE BENEFITS PACKAGE

	EMPLOYER 20__ BENEFITS CONTRIBUTION PER PAY	20__ EMPLOYEE BENEFITS CONTRIBUTION PER PAY
BASE SALARY		X
COMMISSION		
BONUS		

COMPANY-SPONSORED BENEFITS		
HEALTH INSURANCE		
DENTAL INSURANCE		
VISION INSURANCE		
LIFE INSURANCE		
DISABILITY		

MONTHLY EMPLOYER COST:

\_\_\_\_\_ ( \_\_\_\_\_ )%

MONTHLY EMPLOYEE COST:

\_\_\_\_\_ ( \_\_\_\_\_ )%

In addition to your annual salary/hourly wage of \_\_\_\_\_, you will receive the above benefits package, which costs our company \$ \_\_\_\_\_ annually.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_