



## EMPLOYER REQUEST FOR INFORMATION

Complete form and fax to NICHE FINANCIAL SERVICES (610)- 834-1490

I am interested to learn more about ... (please check all that apply)

**Group Insurance for our Company**

Health  Dental  Disability  Life

**Retirement Plans**

401(k)  Simple/SEP  IRA  Pension  Defined Contribution Plan

**Our Employees are Interested in Voluntary Benefits (No cost to Employer)**

Health  Dental  Disability  Life Insurance

**Individual Non-Company Sponsored**

Health  Disability  Life

**Executive Compensation**

**Other** \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

All replies to this confidential survey will be held in the strictest of confidence.