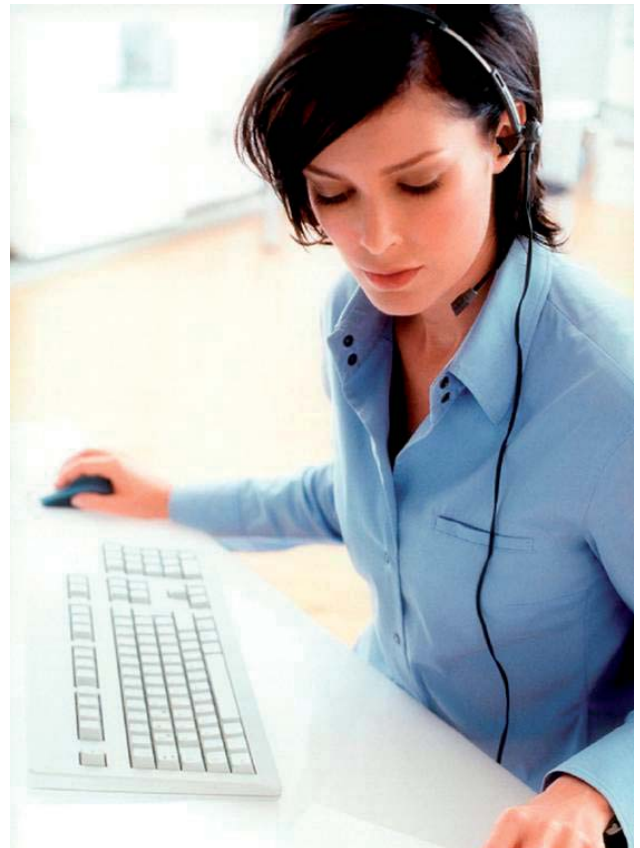


PERSONAL INFORMATION	
Name:	
Street Address:	
City:	
State:	
Zip:	
Work Phone:	
Cell Phone:	
Email Address:	
Resident State License:	
Other State Licenses:	
Closest Departure Airport:	
Please list any foreign languages you speak fluently	



WORK HISTORY	
How many years have you worked as an enroller?	
Have you ever enrolled via the phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever enrolled via a laptop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have call center work experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Benefits Technologies is committed to providing quality service in the worksite enrollment industry. Persons interested in assisting us should fully complete both pages of this profile. Please browse our website to learn more about Benefits Technologies.

CARRIER APPOINTMENTS (Check all that apply)		PRODUCT EXPERIENCE (Check all that apply)	
* UNUM		* Accident	
* Boston Mutual		* Cancer	
* Continental American		* Critical Illness	
* Transamerica		* Hospital Income Plan	
* Trustmark		* Disability	
* AllState		* Life Insurance	
		* Long Term Care	
		* Limited Medical	
		* Dental/Vision	



AVAILABILITY AND OTHER EXPERIENCE			
Specify Dates and Times you are Available to work:			
Are you willing to work evenings?			
Number of "Core" enrollments you have worked:			
Are You comfortable explaining group medical plans?			
Are you comfortable explaining group ancillary plans (i.e. Dental, Vision, FSA, etc.)?			
Which products have you enrolled or dealt with the most?			
TECHNICAL SKILLS: (check all that apply and indicate level of proficiency)	Have Used	Very Comfortable Using	Years Experience
MS Word	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MS Excel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Online Chat Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Benefit Platforms Used:			
AllApp	<input type="checkbox"/> Yes <input type="checkbox"/> No	Common Census:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selerix	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Focus:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments:			

Thank you for taking the time to complete this profile. Please return completed form to Benefits Technologies, along with copies of all licenses. You may email your documents to EnrollerInfo@bentecllc.com or fax them to (918) 227-1922. All submissions are kept confidential.

