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Worker's Comp Payroll Integration Questionnaire

Date _____

Name of Business _____

Nature of Business _____

Contact Name _____

Phone Number _____ Fax Number _____

Email: _____

NOT NEEDED if supplying Worker's Comp Policy Dec pages:

Mailing Address _____

City _____ State _____ Zip _____

Current Worker's Comp Carrier _____

FEIN# (Federal ID #): _____

Current Payroll Provider: _____

Proposed Payroll Provider: _____

Payroll Frequency _____ Next Check Date _____

Do you want TotalBen to become broker of your DBL Policy? _____

Total Number of Employees: _____ Male: _____ Female: _____

New York State annual DBL rates for fewer than 50 lives: male - \$29.00; female - \$56.00; we can beat these numbers

Please fax or email the Dec Pages of the existing WC and DBL policies to **718-535-7071**.

Visit us at www.totalben.com