



Worksite Benefit Services

www.worksitebenefitservices.com

300 Cahaba Park Circle
Suite 133
Birmingham, AL 35242

Toll Free: 866-981-0062
Phone: 205-981-0062
Fax: 205-981-0068

Benefit Counselor Profile

(Please Print)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

SSN _____ Date of Birth _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Are you Bilingual? ____Yes ____No

If so, what language/languages are you fluent in? _____

Do you currently have Error and Omissions coverage? ____Yes ____No

If yes, name of carrier _____ (Please attach copy)

How many years experience do you have as a Benefit counselor? _____

Do you have any experience as a Case Manager? __Yes __ No Team Leader? ____ Yes __ No

Please list three references (Enrollment Managers/Benefit Counselors) you have worked with recently:

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Please list Enrollment companies you have worked for previously: _____

Resident State and License Number (Attach copy) _____

List non resident licenses _____

Type of license (Life, Accident & Sickness, Securities, Series 6, etc)

Are you proficient with computers? Yes No Windows Yes No

Have you done laptop enrollments? Yes No

Do you have experience on UnumProvident's Plane.Biz enrollment system? Yes No

Do you have experience on the TrustMark enrollment system? Yes No

Please list any other electronic enrollment systems you have utilized in the past:

Enrollment Methods; please check all that apply to your experience.

One on One Presentations Group Presentations Call Center

Laptop Presentations Benefit Fairs Other _____

Do you have travel restrictions or limitations? Yes No

If yes, please explain: _____

Do you travel with a pet? Yes No

Do you use tobacco? Yes No

Do you have a valid drivers license? State _____ Number _____

Name as shown on drivers license _____

Where is the nearest airport to your home? _____

Worksite Benefit Services has my permission to contact any or all of the above named references with respect to my eligibility for contraction as a counselor.

Benefit Counselor Signature

Date

For WBS Staff Only

Interviewed by: _____ Date: _____ Telephone or Personal (Circle One)

Enroller referred to WBS by: _____

Reference #1 Checked and Verified by: _____ Date: _____

Reference #2 Checked and Verified by: _____ Date: _____

Reference #3 Checked and Verified by: _____ Date: _____