



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

1. What is the name of the company you work for? \_\_\_\_\_

2. How many employees work at your company? \_\_\_\_\_

3. Has your employer offered health/wellness screenings or workshops in the past?  
**YES** **NO**

4. Does your employer currently offer a wellness program?  
**YES** **NO**

5. Does your employer offer Pre-Paid Legal?  
**YES** **NO**

6. Do you believe your employer would be interested in a customized wellness program that would create a healthier workforce and at the same time reduce health insurance costs?  
**YES** **NO**

7. If you answered yes to question number 6, please provide us with the contact information of the HR or Benefits Manager\* for your employer.

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

\*A member of our team will contact the HR or Benefits manager to explain the benefits of our corporate wellness program and let them know that you referred us to them.

**If your employer signs up with the US Wellness Chamber of Commerce, you'll receive a \$100 Visa Gift Card as our token of appreciation!**