

# ASSOCIATED INDUSTRIES OF VERMONT

REPRESENTING THE VERMONT INDUSTRIAL AND BUSINESS COMMUNITY SINCE 1920

## Important Member Benefit and Seminar Surveys

**health insurance • shipping • payment processing • seminars and workshops**

Like many of our peer organizations around the country, AIV seeks to provide our members a variety of benefits to assist them in their operations. These include service **advantages and discounts** as well as **information and education**.

To help ensure that these benefits are of value to our members, however, **communication is essential**. Attached are three brief surveys related to AIV health insurance offerings for members, shipping and payment processing discounts, as well as future service advantages and seminars that might be of interest and value to you and your company. For more information on the benefits discussed, visit the services page of the AIV web site, [www.aivt.org](http://www.aivt.org), or email [info@aivt.org](mailto:info@aivt.org).

**Please take the time to complete and return these surveys.** This feedback is necessary to help ensure that AIV can continue to provide value to membership for you and other companies.

**Each survey can be completed and returned separately by appropriate personnel.**

**If you are not the appropriate person to complete one or more of these surveys,** we would appreciate it if you would forward it on as appropriate or contact William Driscoll at (802) 223-3441 or [info@aivt.org](mailto:info@aivt.org) to let us know to whom we should send another copy or copies. You can also contact us if you have any questions regarding these surveys.

We will continue to highlight other service benefits and educational opportunities in the future, but these surveys, particularly the contact information for specific topics, are an important step in this process.

**Thank you for your attention to these surveys.**

**Completed surveys can be faxed to (802) 223-2345 or mailed to:**

**AIV  
PO Box 630  
Montpelier, VT 05601**

**AIV General Benefits and Seminars/Workshops Survey**

**Contact Person for Follow-Up on This Survey:**

**Name and Title** \_\_\_\_\_

**Company** \_\_\_\_\_

**Phone and Email** \_\_\_\_\_

**What benefits/services would you like to see AIV provide in the future?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What issues, as general or specific as you wish, would you like to see addressed in seminars or workshops later this year?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information for Current and Future Benefits and Seminars/Workshops:**

**CEO/President (or Primary Vermont Contact if out of state)**

Name and Title \_\_\_\_\_

Phone and Email \_\_\_\_\_

**CFO/Tax Contact(s)**

Name and Title \_\_\_\_\_

Phone and Email \_\_\_\_\_

**Human Resources/Workplace Safety Contact(s)**

Name and Title \_\_\_\_\_

Phone and Email \_\_\_\_\_

**Environmental Compliance Contact(s)**

Name and Title \_\_\_\_\_

Phone and Email \_\_\_\_\_

**Transportation/Shipping Contact(s)**

Name and Title \_\_\_\_\_

Phone and Email \_\_\_\_\_

**International Trade Contact(s)**

Name and Title \_\_\_\_\_

Phone and Email \_\_\_\_\_

**Office Manager/Administration Contact(s)**

Name and Title \_\_\_\_\_

Phone and Email \_\_\_\_\_

**AIV Shipping and Payment Processing Benefits Survey**

**Contact Person for Follow-Up on This Survey:**

**Name and Title** \_\_\_\_\_

**Company** \_\_\_\_\_

**Phone and Email** \_\_\_\_\_

For more information on the benefits and providers discussed in this survey, please go to the services page of the AIV web site, [www.aivt.org](http://www.aivt.org), or email [info@aivt.org](mailto:info@aivt.org).

**Have you considered any of these AIV member shipping discount options (please check those you have)?**

- DHL
- UPS
- Roadway
- Yellow
- USF/NewPenn

**Which, if any, have you signed up for?**

- DHL
- UPS
- Roadway
- Yellow
- USF/NewPenn

**Which have you considered but decided NOT to pursue? Please give an indication as to why not:**

- DHL
- UPS
- Roadway
- Yellow
- USF/NewPenn

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you do not take advantage of these carriers, who else do you use for shipping?**

\_\_\_\_\_

\_\_\_\_\_

**Would you like to be contacted directly by our brokers for more information on any of these discounts?**

- Yes
- No
- Need more information from AIV first

**Have you considered pursuing the payment processing discounts available through First National?**

- Yes
  - No
- Have you signed up for this benefit?**
- Yes
  - No

**Please let us know why or why not:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you like to be contacted directly by our brokers for more information on First National?**

- Yes
- No
- Need more information from AIV first

**AIV Health Insurance Benefits Survey**

AIV Insurance Services (AIVIS) currently offers a wide array of options for the **small group (50 and fewer employees)** market from Vermont Blue Cross and Blue Shield. AIV member Paige and Campbell, Inc., can work with small group members to determine which options might be the best fit for their employees.

The primary purpose of the survey is to determine which types of group medical plan designs are of interest to our members and which members would be interested in receiving information regarding AIV's group medical plan offering through Vermont Blue Cross and Blue Shield.

**Even if you have more than 50 employees**, however, Paige and Campbell can also work with members of any size to find the best available solutions to their health insurance challenges. We would appreciate it, therefore, if you could complete this survey regardless of the number of your employees.

If you have any questions, please contact William Driscoll at (802) 223-3441 or [info@aivt.org](mailto:info@aivt.org).

**Contact Person for Follow-Up on This Survey:**

**Name and Title** \_\_\_\_\_  
**Company** \_\_\_\_\_  
**Phone and Email** \_\_\_\_\_

**Number of Employees:**

- 50 or less
- More than 50

**Insurance Carrier:**

- BCBS/VT
- MVP
- Cigna
- Great-West
- Group Insurance Service Center (GISC)
- Comprehensive Benefits Association (CBA)
- Other: \_\_\_\_\_

**Renewal Date:**

\_\_\_ / \_\_\_ / \_\_\_

**Plan Type(s):**

- Indemnity/Comprehensive
- HMO (Health Maintenance Organization)
- POS (Point of Service)
- PPO (Preferred Provider Organization)
- Other: \_\_\_\_\_

**Number of Enrollees**

- \_\_\_ Employee Only
- \_\_\_ Employee + Child
- \_\_\_ Employee + Spouse
- \_\_\_ Employee + Child + Spouse
- \_\_\_ Employee Only on Medicare
- \_\_\_ Employee Retired

**Plan Design for Employee Only Membership**

Deductible: \_\_\_\_\_  
Co-Insurance: \_\_\_\_\_ %  
Out of Pocket Max: \_\_\_\_\_  
Office Call Co-Pay: \_\_\_\_\_  
Rx Co-Pay: \_\_\_ / \_\_\_ / \_\_\_

**Monthly Rates**

- \_\_\_ Employee Only
- \_\_\_ Employee + Child
- \_\_\_ Employee + Spouse
- \_\_\_ Employee + Child + Spouse
- \_\_\_ Employee Only on Medicare
- \_\_\_ Employee Retired

**Would you like to be contacted regarding AIV group offerings?**

- Yes
- No
- Yes, but not until this date: \_\_\_ / \_\_\_ / \_\_\_