



## Exhibit 1 Prospective Client Profile

New Benefits is committed to protecting its business and the business of its Marketers by ensuring compliance with the regulations and licensing requirements of the discount benefit industry. In this effort to maintain the highest standards, New Benefits requires completion of this profile. Your information will be kept confidential and used for internal purposes to learn more about your company and help provide an effective roadmap for the sales process. **Please return completed profile together with your corporate filing documentation to**

### Company Information

Legal Entity Name (as it will appear on the contract including Inc., LLC, LLP, etc.)

DBA Name (if applicable) Please provide legal documentation of DBA.

Contract Signatory Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

Tax ID \_\_\_\_\_

Website URL(s) \_\_\_\_\_

Implementation Contact (if different than above) \_\_\_\_\_

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

Are you working with a specific New Benefits sales representative?  Yes  No

If yes, who? \_\_\_\_\_

How did you learn about New Benefits?

- Internet  Trade Publication  Trade Show  Competitor  
 NB Client (Please Specify) \_\_\_\_\_  Other (Please Specify) \_\_\_\_\_

**Information About Your Business**

Type of Business Organization

- Sole Proprietor       Corporation       Partnership       Non-profit Organization       LLC
- S-Corporation       Trust       Other (Please Specify) \_\_\_\_\_

State of Corporate Filing \_\_\_\_\_

Date of Formation \_\_\_\_\_

Better Business Bureau (BBB) Rating \_\_\_\_\_

Names of Affiliates: (Any company involved in the sale and/or solicitation of benefits/services whether or not they're under your control)

Is your company or any of its subsidiaries, affiliates, or officers currently involved in any arbitration, litigation, or any state or federal investigation(s)? If yes, please explain.

Has your company or any of its subsidiaries, affiliates, or officers ever filed bankruptcy or had a lien filed against it or themselves? If yes, please explain.

Has your company previously contracted with another Discount Plan Organization (DPO) for the same or similar benefits?

No    Yes  If yes  what company? \_\_\_\_\_

Will members be transferred to New Benefits?  No  Yes    If yes, how many? \_\_\_\_\_

What is your projected enrollment volume over the next 12 months? \_\_\_\_\_

**Marketing Information**

What is your primary business?

Describe how you currently market/distribute your product/services.

Who is your target audience?

In what states are you currently marketing? \_\_\_\_\_

In what states do you intend to market our products and services? \_\_\_\_\_

Will benefits be offered voluntary or non-voluntary? \_\_\_\_\_

Will discount benefits be bundled with any insured or indemnity products?  Yes  No

If yes, how so?

What is your intended method(s) of distribution for the discount benefits?

- Direct Mail                       Field Sales Force                       Complimentary/Value Add
- Internet                               Multilevel Marketing                       Other (Please Specify) \_\_\_\_\_
- Worksite Marketing (employee benefits): Number of clients \_\_\_\_\_ Avg. size of group \_\_\_\_\_
- Telemarketing (\*NOTE: If you have selected Telemarketing, please provide further detail.)
  - Inbound    Outbound    Internal    External (Name of call center \_\_\_\_\_)

Is there anything else we should consider while evaluating your business?

**By signing below, I \_\_\_\_\_ warrant and represent that the information included herein is true and accurate.**

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**Signature of Applicant**

**Date**

**Please return completed profile together with your corporate filing documentation to**

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