



FEDERAL SMALL GROUP QUESTIONNAIRE

1277 Deming Way
Madison, WI 53717
(608) 828-1301 • (800) 279-1301
www.deancare.com

Name of Business: _____

Please fill out the names of all of the above business' owners

Owner's Name	Percentage of Ownership

Does your business or any of the owners listed above have ownership in any other businesses? Yes No
If yes, please complete the information below.

Owner's Name: _____ Name of Related Business: _____

Address of Related Business: _____ Percentage of Ownership: _____

Average Number of Employee (over last calendar year): _____ Federal Employer ID#: _____

Owner's Name: _____ Name of Related Business: _____

Address of Related Business: _____ Percentage of Ownership: _____

Average Number of Employee (over last calendar year): _____ Federal Employer ID#: _____

Owner's Name: _____ Name of Related Business: _____

Address of Related Business: _____ Percentage of Ownership: _____

Average Number of Employee (over last calendar year): _____ Federal Employer ID#: _____

Owner's Name: _____ Name of Related Business: _____

Address of Related Business: _____ Percentage of Ownership: _____

Average Number of Employee (over last calendar year): _____ Federal Employer ID#: _____

Owner's Name: _____ Name of Related Business: _____

Address of Related Business: _____ Percentage of Ownership: _____

Average Number of Employee (over last calendar year): _____ Federal Employer ID#: _____

Signature: _____ Date: _____