

## Conflict Check

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**To\***: 
**Cc:** 
**Bcc:** 

**Conflict Type\*:**

**Client\*:**

**Other Relevant Parties:**

**Consultant\*:**


**Office\*:**


**Practice Area(s) Involved\*:**

- Casualty    Employee Benefits  
 Health    Life  
 Health Care Reform

**Special Work Involved:**
**Comments:**
**City:**

**State\*:**


**ProposedServices\*:**

**For international checks, please select 'INTL'.**
**EB Specific Information**
**Health High Visibility**
**Client Screening**
**Plan Assets:**

**Source of Lead:**

**Number of Plan Participants:**

**Proposal Due Date:**

**Additional Comments:**

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### Responses

**Comments**
**Attachments**
**1**
**Enter response comments below:**
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