

**Conflict Check**

**To\***:  

**Cc:**

**Bcc:**

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**Conflict Type\***:

**Client\***:

**Other Relevant Parties:**

**Consultant\***:  

**Office\***:

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

Casualty  Employee Benefits  
 Health  Life  
 Health Care Reform

**Comments:**

**City:**  **State\***:    
**ProposedServices\***: Reserve and financial review. Population Health solutions.

**EB Specific Information** || **Health High Visibility** || **Client Screening**

**Plan Assets:**  **Source of Lead:**

**Number of Plan Participants:**  **Proposal Due Date:**  

**Additional Comments:**

**- Responses**

	<b>Comments</b>	<b>Attachments</b>
1	<b>Enter response comments below:</b> <input type="text"/>	<input type="button" value="Click here to attach a file"/> <input type="button" value="Add attachment"/>