

Conflict Check

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:

We have discussed with the Indianapolis office

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:

Responses
Comments
Attachments
1
Enter response comments below: