

## Conflict Check


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

**Conflict Type\*:**

**Consultant\*:**

**Client\*:**

**Office\*:**

**Other Relevant Parties:**

**Practice Area(s) Involved\*:**
 Casualty     Employee Benefits  
 Health     Life  
 Health Care Reform

**Comments:**
**City:**

**State\*:**

**For international checks, please select 'INTL'.**
**ProposedServices\*:**

**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:**