

MANAGEMENT TEAM SCHEDULING QUESTIONNAIRE

Please complete & return by Friday, October 2, 2015

Benefit counselors from EOI Service Company will be on-site communicating and enrolling all of our benefit programs during annual enrollment. Individual enrollment will be held November 2 – 14th. The purpose of this form is to assist EOI in scheduling Associates from your team for an individual meeting with a benefit counselor. Your input is greatly appreciated as we will be as flexible as possible in scheduling our benefit counselors to accommodate you and your staff's needs.

Department/Facility Name _____ **Department #** _____

Department Manager Contact _____

Email Address _____

Phone Number _____

Scheduling Contact Name (if applicable) _____ Phone Number _____

Facility Address or Location in Hospital

Total Number of Associates in Your Department _____

Day Shift _____ Evening Shift _____ Night Shift _____

Does your department have internet access? yes no

Would you prefer your staff schedule appointments individually online? yes no

Is space available in your department for individual meetings? yes no

One-on-One Sessions: Please mark the most favorable days or times of day for your department.

	Monday	Tuesday	Wednesday	Thursday	Friday
Day Shift					
Evening Shift					
Night Shift					

Special Requirements or notes (e.g., staff/dept. meetings, weekend shifts, etc.):

Please return your completed form to
Rebecca Gulbin at rgulbin@eoiservice.com / Phone: 312-718-8794 by Friday, October 2, 2015.