

### Info Needed for Benefit Set Up

Client Name		Benefit Type (medical, dental, etc.)	
Provider Name		Description	
Certificate # (optional)	Policy # (optional)	HSA Eligible <b>Y or N</b> (circle one)	
Effective <b>From</b> Date:		Effective <b>To</b> Date:	
Open Enrollment <b>Start</b> Date: (optional)	Open Enrollment <b>End</b> Date: (optional)	Can be waived (optional)	<b>Y or N</b>
Are all employees eligible for this benefit <b>Y or N</b> (circle one)		Who is eligible: <b>If answer is no indicate which employees are eligible</b>	

### Waiting Period

_____ <input type="checkbox"/> Day(s) <input type="checkbox"/> Week(s) <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	<b>From Date</b> <input type="checkbox"/> Hired <input type="checkbox"/> Started <input type="checkbox"/> Birthday <input type="checkbox"/> Seniority <input type="checkbox"/> Re-hired <input type="checkbox"/> Review Date <input type="checkbox"/> Last Raise Date
<b>Adjusted to</b> <input type="checkbox"/> Immediately After <input type="checkbox"/> First of Following Month <input type="checkbox"/> First of Following Quarter	
Enrollment <b>Opens</b> : _____ Days Before	Enrollment <b>Closes</b> : _____ Days After

### Coverage Levels (Single, Two Person, Family)

Coverage Level Name		
Monthly Premium	Monthly Total \$	Monthly Employer Contribution \$
Coverage Level Name		
Monthly Premium	Monthly Total \$	Monthly Employer Contribution \$
Coverage Level Name		
Monthly Premium	Monthly Total \$	Monthly Employer Contribution \$