

### Info Needed for Benefit Set Up

Client Name		Benefit Type	
Provider Name		Description	
Certificate # (optional)		Policy # (optional)	
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)	
Are all employees eligible for this benefit		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

Coverage Level <b>Single</b>		
Monthly Premium	Monthly Total \$	Monthly Employer Contribution \$
Coverage Level <b>Two Person</b>		
Monthly Premium	Monthly Total \$	Monthly Employer Contribution \$
Coverage Level <b>Parent/Child(ren)</b>		
Monthly Premium	Monthly Total \$	Monthly Employer Contribution \$
Coverage Level <b>Family</b>		
Monthly Premium	Monthly Total \$	Monthly Employer Contribution \$