

NEW CLIENT ONBOARDING

Group Name:

Account Manager:

GROUP INFORMATION

Executive Contact: (name, phone, e-mail)

HR/ Plan Admin Contact: (name, phone, e-mail)

of Locations: (please specify: city, state)

Full-Time Employees: (how many hrs/week?)

Part-Time Employees: (how many hrs total by all part-time employees?)

BENEFITS DETAILS - MEDICAL, ANCILLARY, WORKSITE

BENEFIT	CARRIER	RENEWAL DATE	ER CONTRIBUTION
Medical			
Dental			
Vision			
Life/ADD			
Short-Term Disability			
Long-Term Disability			
Critical Illness/Cancer			
Business Accident			
Cafeteria Plan			
COBRA Administrator			
Current ben-admin system			
Include Rates in BB			

BENEFITS PROCESS

New Hire Waiting Period:

Benefits Eligibility: (ex: all employees working 30+ hrs/week)

Payroll Frequency:

Enrollment Process: (paper/online: specify online system)

ONLINE

Benefit Classes: (ex: locations, similiarly situated employees)

COMPLIANCE Notices: HCR, WCHRA, Medicaid-chip, over-the-counter, fsa limit

SBC Distribution:
CMS Letter & Disclosure:
SPD & Distribution:
5500 Filing (if applicable): wrapped or unwrapped?
Status Classification: all employees working over 30 hrs/week - eligible for medical benefits
Controlled Groups: any others per IRS rules?

WELLNESS + HR

Wellness Program: (ex: health assessments, use of wellness data, wellness committee)
HR/Benefits Portal:
HR Compliance Audit: (ex: I-9/e-verify, handbook audit, labor law postings, personnel filing, EEOC reporting, FMLA compliance)

OTHER (ACCOUNT-SPECIFIC) Date of new client _____

Entered Account Data into Broker Builder (AM)	YES <input type="radio"/>	NO <input type="radio"/>	DATE: _____
Welcome Call and Consultation	YES <input type="radio"/>	NO <input type="radio"/>	DATE: _____
Onboarding meeting with new client scheduled	YES <input type="radio"/>	NO <input type="radio"/>	DATE: _____
Client web page with documents built	YES <input type="radio"/>	NO <input type="radio"/>	DATE: _____
Benefit guide provided	YES <input type="radio"/>	NO <input type="radio"/>	DATE: _____
DMW access NDA secured (if applicable)	YES <input type="radio"/>	NO <input type="radio"/>	DATE: _____
ThinkHR access set up	YES <input type="radio"/>	NO <input type="radio"/>	DATE: _____
Benefit app built	YES <input type="radio"/>	NO <input type="radio"/>	DATE: _____