

# Broker Implementation Checklist

Group Name \_\_\_\_\_

## Implementation Stakeholders

Role _____	Name _____	Email Address _____
Role _____	Name _____	Email Address _____
Role _____	Name _____	Email Address _____
Role _____	Name _____	Email Address _____
Role _____	Name _____	Email Address _____

## Timelines

<b>OWNER</b> Broker	<b>MILESTONE</b> Benefits Docs Provided to Zenefits	Start Date _____	End Date _____
<b>OWNER</b> Zenefits	<b>MILESTONE</b> Zenefits Benefits Build	Start Date _____	End Date _____
<b>OWNER</b> Broker/Client	<b>MILESTONE</b> QA of Existing Benefits	Start Date _____	End Date _____
<b>OWNER</b> Broker	<b>MILESTONE</b> Renewal Build	Start Date _____	End Date _____
<b>OWNER</b> Client	<b>MILESTONE</b> Employee Open Enrollment Dates	Start Date _____	End Date _____

## FlexBenefits Information

Commuter Benefits	FSA	HSA	COBRA Admin
Currently being offered? <input type="checkbox"/> No <input type="checkbox"/> Yes	Currently being offered? <input type="checkbox"/> No <input type="checkbox"/> Yes	Currently being offered? <input type="checkbox"/> No <input type="checkbox"/> Yes	Currently being offered? <input type="checkbox"/> No <input type="checkbox"/> Yes
Provider	Provider	Provider	Provider
Offering through Zenefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Offering through Zenefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Offering through Zenefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Offering through Zenefits? <input type="checkbox"/> No <input type="checkbox"/> Yes
Zenefits Effective Date	Zenefits Effective Date	Zenefits Effective Date	Zenefits Effective Date

NOTE: Zenefits cannot administer Financial Products issued through other institutions. Moving administration of financial products requires groups to use Zenefits FSA, HSA, and Commuter benefits options

## Company Contributions

Medical	Dental	Vision
Amount Towards Employee <i>(Amount/Percent)</i>	Amount Towards Employee <i>(Amount/Percent)</i>	Amount Towards Employee <i>(Amount/Percent)</i>
Amount Towards Dependant <i>(Amount/Percent)</i>	Amount Towards Dependant <i>(Amount/Percent)</i>	Amount Towards Dependant <i>(Amount/Percent)</i>
Base Plan <i>(plan name, if applicable)</i>	Base Plan <i>(plan name, if applicable)</i>	Base Plan <i>(plan name, if applicable)</i>

NOTE: Amounts should be the company's contributions towards total invoiced premiums on a monthly basis

## Miscellaneous Questions

Will we be implementing current enrollments or running this as a new group enrollment through Zenefits? <input type="checkbox"/> Current Enrollments <input type="checkbox"/> New Group Enrollment	Are any lines of coverage bundled together? If so, which? <input type="checkbox"/> No <input type="checkbox"/> Yes Bundled Coverages	Are the company's benefits classed out? If yes, be sure to provide information on which employees belong to which classes. <input type="checkbox"/> No <input type="checkbox"/> Yes
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# Medical

Carrier	Effective Date	Renewal Date	Number of Plans Being Offered
Waiting Period	Term Policy	<input type="checkbox"/> Invoice	<input type="checkbox"/> Enrollment Census <i>(must include dependent demographic information)</i>
Plan Name	Policy Number	Plan Documents:	<input type="checkbox"/> SBC <input type="checkbox"/> Rate Sheet
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Plan Name	Policy Number	Plan Documents:	<input type="checkbox"/> SBC <input type="checkbox"/> Rate Sheet
Plan Name	Policy Number	Plan Documents:	<input type="checkbox"/> SBC <input type="checkbox"/> Rate Sheet

NOTE: If you have more plans please attach an additional document with all information included

# Dental

Carrier	Effective Date	Renewal Date	Number of Plans Being Offered
Waiting Period	Term Policy	<input type="checkbox"/> Invoice	<input type="checkbox"/> Enrollment Census <i>(must include dependent demographic information)</i>
Plan Name	Policy Number	Plan Documents:	<input type="checkbox"/> Benefits Summary <input type="checkbox"/> Rate Sheet
Plan Name	Policy Number	Plan Documents:	<input type="checkbox"/> Benefits Summary <input type="checkbox"/> Rate Sheet

# Vision

Carrier	Effective Date	Renewal Date	Number of Plans Being Offered
Waiting Period	Term Policy	<input type="checkbox"/> Invoice	<input type="checkbox"/> Enrollment Census <i>(must include dependent demographic information)</i>
Plan Name	Policy Number	Plan Documents:	<input type="checkbox"/> Benefits Summary <input type="checkbox"/> Rate Sheet

## Life Insurance

Carrier \_\_\_\_\_ Type(s) of Coverage Being Offered:  Basic  Voluntary

Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ Waiting Period \_\_\_\_\_ Term Policy \_\_\_\_\_

Invoice  Enrollment Census (*must include dependent demographic information*)

Salary Redetermination \_\_\_\_\_ Definition of Earnings \_\_\_\_\_ Age Determination \_\_\_\_\_ Age Redetermination \_\_\_\_\_

### Basic Life + AD&D

\_\_\_\_\_ Policy Number

Plan Documents:  Benefits Summary  Rate Sheet

### Voluntary Life + AD&D

\_\_\_\_\_ Policy Number

Plan Documents:  Benefits Summary  Rate Sheet

## Short Term Disability

Carrier \_\_\_\_\_ Type(s) of Coverage Being Offered:  Basic  Voluntary

Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ Waiting Period \_\_\_\_\_ Term Policy \_\_\_\_\_

Invoice  Enrollment Census (*must include dependent demographic information*)

Salary Redetermination \_\_\_\_\_ Definition of Earnings \_\_\_\_\_ Age Determination \_\_\_\_\_ Age Redetermination \_\_\_\_\_

### Basic Short Term Disability

\_\_\_\_\_ Policy Number

Plan Documents:  Benefits Summary  Rate Sheet

## Long Term Disability

Carrier \_\_\_\_\_ Type(s) of Coverage Being Offered:  Basic  Voluntary

Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ Waiting Period \_\_\_\_\_ Term Policy \_\_\_\_\_

Invoice  Enrollment Census (*must include dependent demographic information*)

Salary Redetermination \_\_\_\_\_ Definition of Earnings \_\_\_\_\_ Age Determination \_\_\_\_\_ Age Redetermination \_\_\_\_\_

### Basic Long Term Disability

\_\_\_\_\_ Policy Number

Plan Documents:  Benefits Summary  Rate Sheet

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## Accident

Carrier \_\_\_\_\_ Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ Waiting Period \_\_\_\_\_ Term Policy \_\_\_\_\_

Invoice     Enrollment Census *(must include dependent demographic information)*

### Voluntary Accident

\_\_\_\_\_ Policy Number

Plan Documents:  Benefits Summary     Rate Sheet

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## Critical Illness

Carrier \_\_\_\_\_ Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ Waiting Period \_\_\_\_\_ Term Policy \_\_\_\_\_

Invoice     Enrollment Census *(must include dependent demographic information)*

### Voluntary Critical Illness

\_\_\_\_\_ Policy Number

Plan Documents:  Benefits Summary     Rate Sheet

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## Cancer

Carrier \_\_\_\_\_ Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ Waiting Period \_\_\_\_\_ Term Policy \_\_\_\_\_

Invoice     Enrollment Census *(must include dependent demographic information)*

### Voluntary Cancer

\_\_\_\_\_ Policy Number

Plan Documents:  Benefits Summary     Rate Sheet

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## Hospital Indemnity

Carrier \_\_\_\_\_ Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ Waiting Period \_\_\_\_\_ Term Policy \_\_\_\_\_

Invoice     Enrollment Census *(must include dependent demographic information)*

### Voluntary Hospital Indemnity

\_\_\_\_\_ Policy Number

Plan Documents:  Benefits Summary     Rate Sheet