



BENEFIT SYSTEMS CHECKLIST (BEACON)

1. Full Group Legal Name: _____
2. Effective Date: _____
3. Group Home Office address? Is this where they want to receive bills? _____
 a. If no, please list the billing address (if separate billing is needed, please provide instructions).

4. Number of Eligible Employees in Group: _____
5. Tax ID Number: _____
6. Group Enrollment Start and End Date (Subject to Carrier Deadlines): _____
7. Employer Pay Frequency (If multiples, please also note on census): ___ 12 per year ___ 24 per year ___ 26 per year ___ 52 per year ___ 48 per year
 a. Group waiting period (please note if multiple waiting periods based on class, division/department, or benefit):
 ___ days from DOH OR first of the month following ___ days Current employees effective immediately? Yes/No
8. Carrier Products for Enrollment:

Carriers:	Products by Line:	Tax Status:
_____	_____	___ Pre ___ Post
_____	_____	___ Pre ___ Post
_____	_____	___ Pre ___ Post
_____	_____	___ Pre ___ Post
_____	_____	___ Pre ___ Post
9. Product Specific Questions (place an X by answers):
 VOL LIFE: a. Include AD&D: ___ No ___ Yes b. Include Spouse & Child Benefits: ___ No ___ Yes c. Go above Gl amount: ___ No ___ Yes
10. Employer Contribution (please note product, plan, and amount): a. Medical: _____
 b. Ancillary: _____
11. Subsidiary businesses covered? Yes/No (if yes, state name and nature of each subsidiary): _____

12. Subgroup Names (if applicable): _____
 (Classes, Multiple Locations, Departments, Etc - please note on census as well)
13. HR Admin Contact Name: _____ Email: _____
 Phone Number: _____ ** Note: Will be listed as Admin Contact on Master Applications
14. Notification Email Recipients (name/email): _____
 These email addresses will receive a notification once each employee has completed their elections. HR Admin, Agent, Account Manager

ACKNOWLEDGEMENT OF CONTRACT

STANDARD PRICING: [Waived] \$1,000.00 set up fee & \$3.00 per employee per month [Waived]

Usage of Beacon under The Cason Group license, is governed by the terms of service. I acknowledge these terms are in effect for the length of the term above, and only if the agent of record and carriers/lines of coverage remain unchanged during that period. If these factors change, and I continue to use the Beacon system, I understand the contract may be subject to changes in terms and pricing. I will have the opportunity to review the new terms and pricing at that time, and will provide written approval to these changes. Click "here" to review the Eligibility and Enrollment Agreement in its entirety.

___ (Initial here) I have read and understand that pursuant to section 2.1 of the Eligibility and Enrollment Agreement, it is the client's responsibility to regularly audit the carrier bill and payroll deduction files (outputs) for accuracy.

___ (Initial here) I have read and understand that pursuant to section 2.1 of the Eligibility and Enrollment Agreement, the client is solely responsible for identifying mistakes and communicating within the carriers' grace period in order that a retroactive adjustment may be completed, even if such mistakes are the result of the use of TCG's services, for which the client agrees to hold TCG harmless.

Signing Officer Name and Title: _____

Signature: _____

Date: _____