

Case Submission Checklist

Full Plan

Employer Name: _____

Effective Date: _____

Referred By: _____

- Enrollment Forms**
- Completed Confidential Client Information Sheet**
- Identify Any Affiliated Organizations**
- Employee Census**
 - **Name**
 - **Social Security Number**
 - **Age**
 - **Date of Hire**
 - **Income (monthly, semi-monthly, hourly wage, etc.)**
 - **Employee Insurance Contributions**
 - **Identify All Owners Or Officers**
 - **If A Corporation, Identify The Percentage Of Ownership For Each Owner**
- Set Up Separate Checking Account**
 - **Must Be Set Up Prior To 1st Payroll**
 - **Account Name: "Employer Name" Section 125 Cafeteria Plan**
 - **Provide Account MICR Number Plus Bank Specification Sheet**
- Installation Fee \$** _____

Send To:

Pacific Benefit Consultants, Inc.
3090 Fite Circle, Suite 201
Sacramento, CA 95827
(916) 363-2101

For Pacific Benefit Consultants Use Only:

- Original Proposal**
- Fees** _____
- Original Enrollment Packet**
- Additional Design Features**
