Employee Navigator Initial Setup Questionnaire

Business Information

Name: EIN (click for info):

Address:

City/State/Zip:

Phone: Website:

Estimated number of employees:

Plan Year Start Date: Open Enrollment Dates:

Current Enrollment to be added to system?

List each benefit being offered including carrier:

List each pay cycles and first 2 payroll dates (click for info):

List each Class of employee (click for info):

New Hire Eligibility Rules and Effective Date per class per benefit (click for info):

Additional Information: