



BENEFIT MANAGEMENT
WEALTH STRATEGIES AND EMPLOYEE BENEFITS

iEnroll Checklist

Required Information Needed:

- Employee Information
 - First & Last Name
 - Date of Birth
 - Address
 - Phone Number
 - SSN
 - Height
 - Weight
 - Marital Status
 - Number of Children
 - Date of Hire
 - Employment Status : Full Time or Part Time
 - Hours per week

- Dependent Information
 - First & Last Name
 - Height
 - Weight
 - Date of Birth
 - SSN

- Health Information for yourself & any dependents on the application
 - Condition
 - Date diagnosed
 - Date Last Treated
 - Medications
 - Medication ongoing Y/N
 - Degree of Recovery