



Employee Benefits Program Responsibility List & Agreement

To assure proper workflow, reduce conflicts and serve the best interests of employer and employee, the following is agreed to:

<u>Responsibility</u>	<u>Employer</u>	<u>The Insurance Group</u>
Confirming all requirements on Administrators Checklist	 _____	 _____
Tracking employee <u>Initial</u> eligibility	_____	_____
Explaining benefit program to employees	_____	_____
Submitting paperwork to insurance company	_____	_____

Employer Name: _____

_____	_____	_____
Employer Representative Signature	Printed Name	Date

_____	_____
Insurance Center Group	Date