

Benefit Guide—Printed or Web Version

Benefit Template

Step 1: List company name as it will appear in print format:

Step 2: Select the benefit sections to be included in the guide.

Note: Some employers will desire more than one version of the benefit guide. For example, some employers have salaried and hourly employees, with different benefits. Some employers may also offer more than one medical plan, and they will want to only show the medical plan that the employee has elected. In the event that more than one guide is desired, please complete a separate template for each guide version.

- | | |
|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Group Auto and Homeowners |
| <input type="checkbox"/> HRA | <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> HSA | <input type="checkbox"/> 403(b) |
| <input type="checkbox"/> Flex | <input type="checkbox"/> Life |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Supplemental Life |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Supplemental Life 2 |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Supplemental Life 3 |
| <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> EAP |
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Tuition Reimbursement |
| <input type="checkbox"/> Critical Illness | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Other(s): (List Below) |
| <input type="checkbox"/> Vacation/Sick Time/Holidays | |

Step 3: Complete a copy of the Benefit Description page below for *each* benefit.

One page is needed for each benefit to appear in the finished product. If more than one page of details is needed, continue the benefit details on the subsequent page, marking the benefit number the same as the prior page number. Add additional pages for custom benefits—listed under “other” above. You may discard unused pages. Email to bb@benefitstream.com or return by fax to 866-861-5462.

