



ScriptSourcing BenefitsApp Setup Form

Complete the following for your new BenefitsApp.

Company Name/ Logo: _____

Note: For logo please link to the website with the company logo, or attach a screenshot or a .jpg file.

Contact Plan Administrator:

Name: _____

Phone Number: _____

Email: _____

Company Website: _____

Note: This can be your website or company specific.

Files To Send:

PDF Benefits Guide

Choose Your Level

Base Level Level 1 Level 2

If you have any questions, reach out to your engagement manager.

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