

# New App Setup Form

Complete the following for each new eBenefits App.

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**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

## ID Cards:

Use Upload link for members to upload themselves

Send Sample ID card (Census will populate fields)

*\*Please attach a PDF of the ID cards you would like to have included in the app.*

**Please note:** the name you will use on your census to identify ID cards.

## Icons to Include:

Medical       Dental       Vision

Life & Disability

Additional Benefits i.e. 401K, Travel, Pet Insurance (See BenefitsApp Checklist and Icon flyer)

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Census File

**Timing of ongoing census file:**  Weekly  Monthly  Other: \_\_\_\_\_

Upload census here: <https://benefitsapp.com/sftp/>

**Note:** Please ensure company name is in the census file name when uploading.