



Clarity Enrollment Solutions

Client Checklist

Client Details

Case Name: _____
HR Contact (Name, Phone, Email): _____
Number of Employees (PT vs. FT): _____
Main Address: _____
Additional Locations: _____
Broker: _____
Implementation Call: _____
Goal of Enrollment: _____
Payroll Deduction Schedule: _____

Product & Carrier Details

Non-VB Carriers: _____
Non-VB Products: _____
VB Carrier: _____
VB Products: _____
Copy of VB Proposal: _____
VB Paperwork Completed: _____
VB Takeover / Prior Carrier: _____
Prior VB Carrier Bill: _____
Collect SPD / Non-VB Product Data: _____
Census with Prior Elections (all products): _____

Enrollment Details

Enrollment Dates: _____
Enroller Shifts / Hours: _____
Assigned Enrollers: _____
Employees outside of MN: _____
Enrollers Licensed: _____
Enrollers Appointed: _____
Additional Laptops Needed: _____
Enroller Dress Code: _____
Employer Wi-Fi Access: _____
Bi-Lingual Needs: _____
Enrollment Technology Platform: _____
Enrollment Method: _____
Discuss Perpetual vs. Annual: _____

Client/Clarity Set-up

Document of Understanding Broker: _____
Document of Understanding Client: _____
Timeline Signed & Completed: _____
Call Center Set-up (if applicable): _____
Sign-up Sheets Completed: _____
Pre-Communication Round 1: _____
Pre-Communication Round 2: _____
Pre-Communication Round 3: _____
Training Dates: _____
Post-Enrollment Call: _____
Elections Delivered: _____