

Online Enrollment Setup Request Form

Broker/Agent Name: _____ Completed By: _____ Date: _____

Group Information: Number of Pay Periods*: 12 24 26 52 LISI as GA : Yes No

Group Name*: _____ Contact Phone: _____

Group Contact: _____ Contact Email: _____

Street Address (HQ location): _____

City: _____ State: _____ Zip: _____ SIC: _____ Tax ID: _____ Nature of Business: _____

Date Established: _____ Entity Type (Corp, LLC, etc.): _____ Company Website: _____

Waiting Period for New Hires*: _____

Company URL (Name.ease.com): _____

Effective Date*: _____ Open Enrollment Start Date: _____ End Date: _____

Medical Plan Information: - Please check off the base plan if applicable Base Plan

Carrier: _____ Plan: _____ Eff Date: _____ Rate Area: _____ ER Contr: EE: _____ DEP: _____

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Kaiser = KP, United HealthCare = UHC, Cal Choice = CalC, Anthem Blue Cross = ABC, HealthNet = HN, Blue Shield of CA = BSCA

Ancillary Products Information:

Dental Carrier: _____ Base Plan

Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

Vision Carrier: _____

Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

Life Carrier: _____

Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

Additional Products Information : (Medical,Dental, Vision, LTD,STD, Life, Vol Life, FSA etc...)

Type: _____ Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

Type: _____ Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

Type: _____ Plan: _____ Eff Date: _____ ER Contr:EE _____ Dep _____

If you have any special enrollment notes, please include this information in your email request to : Acis.easecentral@amwins.com. Our standard turnaround time is 2 days after receiving all documents.

Type:_____ Plan:_____ Eff Date:_____ ER Contr:EE____ Dep_____

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Type:_____ Plan:_____ Eff Date:_____ ER Contr:EE____ Dep_____

Type:_____ Plan:_____ Eff Date:_____ ER Contr:EE____ Dep_____

Composite Rates/Contributions:

Plan Name:_____ Plan Name:_____ Plan Name:_____

EE:_____ EC:_____ EC (Children):_____ EE:_____ EC:_____ EC (Children):_____ EE:_____ EC:_____ EC (Children):_____

ES:_____ EF:_____ ES:_____ EF:_____ ES:_____ EF:_____

Plan Name:_____ Plan Name:_____ Plan Name:_____

EE:_____ EC:_____ EC (Children):_____ EE:_____ EC:_____ EC (Children):_____ EE:_____ EC:_____ EC (Children):_____

ES:_____ EF:_____ ES:_____ EF:_____ ES:_____ EF:_____

Please include any special instruction for this group (multiple locations, job classes, effective dates, etc.). If the group has any ancillary coverage, we'll also need **rates and benefit summaries for those plans, as well as any other documentation you or the group would like to include. Please also note **COBRA** percentage if **COBRA** will be used.**

If you have any special enrollment notes, please include this information in your email request to : Acis.easecentral@amwins.com. Our standard turnaround time is **2 days after receiving all documents.**