

Admin  GA  GA-HUB  GA-DCHL

New Application  Changes  Add Services  BOR

**Section 1: Group Information**

Legal Name of Company:
Trading as:

Is this a current account with Amwins Connect Administrators?  YES  NO    Is coverage through an individual product?  YES  NO

YES? – Amwins Connect Administrators Account Number:

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Physical Address:

City:	State:	County:	ZIP:
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Mailing Address (if different):

City:	State:	ZIP:
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Billing Address (if different):

City:	State:	ZIP:
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Type of Business:                      SIC:                      Tax ID:

Corporation     Partnership     C-Corp     S-Corp     Sole Proprietorship     Other \_\_\_\_\_

**Section 2: Contacts**

Executive Contact:		Phone:
Email:	Amins View Username:	Amins View Password :

Username and Password must contain 8 or more characters with upper case, lower case, number(s), and special character(s)

Authorized to access/ receive:  **Monthly invoice alert**  
Available for administered services only  **Employer account information**

Administrative Contact:		Phone:
Email:	Amins View Username (8 or more characters):	Amins View Password (8 or more characters):

Username and Password must contain 8 or more characters with upper case, lower case, number(s), and special character(s)

Authorized to access/ receive:  **Monthly invoice alert**  
Available for administered services only  **Employer account information**

Additional Contact:		Phone:
Email:	Amins View Username (8 or more characters):	Amins View Password (8 or more characters):

Username and Password must contain 8 or more characters with upper case, lower case, number(s), and special character(s)

Authorized to access/ receive:  **Monthly invoice alert**  
Available for administered services only  **Employer account information**



**Section 3: Invoicing**

- ONLINE BILL DELIVERY (fee waived)      *OR*       PAPER BILLING (\$10 monthly fee)  
 NO COST CENTERS      *OR*       MULTIPLE COST CENTERS (invoice will be broken down by division)

List all cost centers below, if you need additional space, please attach a separate sheet.




**Section 4: Benefits Eligibility**

# Full-Time Employees	# Part-Time Employees	# Seasonal Employees
# Employees Enrolling	# Employees Waiving	

- Waiting Period for NEW employees:       Same waiting period for all coverages\*       Multiple waiting periods\*  
 Waiting Period for REHIRED employees:       Same waiting period for all coverages\*       Multiple waiting periods\*

*\*Carrier contracts are final. **Carrier contracts are required to change, adjust or supplement waiting periods.***  
*Waiting period flexibility and guidelines are set by law and subject to carrier interpretation and guidelines.*

	Medical	Dental	Vision	Life	ADD	LTD	STD	Vol. Benefits
Date of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> of the Month following Date of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> of the Month following ____ days of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours Needed for Benefits (30 for ACA)								

**Do you offer coverage to:**

*Carrier contracts are required to change, adjust or supplement eligibility?*

Part-time employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Seasonal employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Retirees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Employees with other coverage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Domestic Partners – Same Sex	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Domestic Partners – Opposite Sex	<input type="checkbox"/> YES	<input type="checkbox"/> NO



**Section 5: Carrier History – Required for BORs**

Current Medical Carrier:	Policy Renewal Date:
Current Dental Carrier:	Policy Renewal Date:
Current Vision Carrier:	Policy Renewal Date:
Current Life Carrier:	Policy Renewal Date:
Current Short-Term Disability Carrier:	Policy Renewal Date:
Current Long-Term Disability Carrier:	Policy Renewal Date:
Current Voluntary Lines Carrier:	Policy Renewal Date:
PAYROLL Vendor:	Policy Renewal Date:



**Section 6: Extended Benefit Administration – COBRA**

- ELECT Amwins Connect Administrators Full COBRA Administration for Extended Benefits: \$2.50 PEPM \$0.00 Implementation Fee**
- or
- DECLINE Amwins Connect Administrators COBRA Administration for Extended Benefits**  
\*if declined you are not required to complete the remainder of this section

Administration of extended benefits is based upon the total number of full-time and part-time employees in your company for 50% of the typical business days in the previous calendar year regardless of whether they are currently enrolled in your group benefit program. Each part time employee counts as a fraction of an employee, with the fraction equal to the number of hours the part time employee worked divided by the hours an employee must work to be considered full time.

*Example: If full time = 40 hours, an employee working 20 hours is counted as ½ an employee. (20 divided by 40)*

**COBRA (Federal):** applies to groups with 20 or more employees.  
**Maryland State Extension:** applies to groups with fewer than 20 employees (MD residents only).

Indicate the total number of employees in your company (as defined above): \_\_\_\_\_

**Section 6A: Employees/Dependents REQUIRING NOTIFICATION**

Please complete the information below for any recently terminated employees or dependents for which you are requesting Amwins Connect Administrators send notices to offer extended coverage. If none, please indicate "NONE". Amwins Connect Administrators will not issue notices to employees terminated prior to our administration effective date.

Employee/Dependent Name	Street Address	City	State	Zip	Coverage Termination Date

**Section 6B: Employees/Dependents on EXISTING EXTENSION**

Please complete the following information for any employee or dependent currently being billed for extended coverage. If none, please indicate "NONE". Amwins Connect Administrators will begin billing members directly as of the date group enrolls with Amwins Connect Administrators/date confirmed based on our review of existing account.

Employee/Dependent Name	Social Security Number	Original Termination Date	Length of Extension	Last Paid Month

I have reviewed the outline of responsibilities for Cobra/Maryland State Extension services through Amwins Connect Administrators. I understand that I retain liability for the Employer Responsibilities as outlined on the document.  
 I hereby verify that all information provided above is correct.



## Section 7: Amwins View (No Charge)



- Amwins View is always available for clients for the purpose of accessing information regarding their benefit plans administered by Amwins Connect Administrators. Amwins View contains the following online features:

• Account Information	• Employee & Dependent demographics & benefits	• Pre-populated election form
• Current Rates & Plans	• Current premium invoices and up to 18 months of prior invoices	• Online Bill Pay
• Custom Census Reports	• Financial History of enrollment changes impacting premium, invoice & transactions	• Temporary IDs

### Section 7A: Administrative Provisions

#### Eligibility and Participation Guidelines:

I understand that in order to determine employer eligibility for medical coverage, I may be required to submit tax documentation in order to establish and renew the plan and may be subject to termination if documentation is not provided.

An eligible employee is defined as any full-time employee with a normal workweek of thirty (30) hours or more. Eligible employees and their dependents (if applicable) must meet the employer's probationary waiting period. Either a signed enrollment (if joining the plan) or waiver form (if not joining the plan) must be submitted to Amwins Connect Administrators for all employees. Each insurance carrier establishes participation guidelines and the plan may be terminated with thirty (30) days written notification if participation requirements are not maintained.

Billing and Premium Payments: Premium invoices will be generated by the 7<sup>th</sup> of the month prior to the effective month of coverage. Premiums must be received by Amwins Connect Administrators by the 1<sup>st</sup> of the coverage month. (For example, if you receive your invoice July 7<sup>th</sup> for August coverage, the premium is due by August 1<sup>st</sup>). If payment is not received by the due date, your coverage may be subject to termination. A \$25 re-deposit fee will be charged when a check is returned by your bank due to non-sufficient funds. Additionally, a \$50 service charge will be imposed if the check does not clear after one re-deposit. Carrier guidelines require premium payments to be remitted in full based on your invoices.

Deductions and charges for enrollment activity will be reflected on subsequent invoices.

New Employee Applications: Applications for "new" employees who have met the employer's established waiting period must be received by Amwins Connect Administrators by the 22<sup>nd</sup> of the month to be effective for the first of the following month (i.e. July 22<sup>nd</sup> to be effective August 1<sup>st</sup>). The first month's premium must be included for all new applicants with your payment for that coverage month. Late entrants may be required to wait until the next open enrollment period for medical and dental coverage are required to submit acceptable evidence of insurability to apply for life and/or disability benefits.

Employee Terminations and Change of Status: If you wish to terminate or change an employee's insurance coverage, you must notify Amwins Connect Administrators in writing, prior to the first of the month for which the termination/change is effective. If written notification is not received prior to the first of the month, you may be liable for the additional month's premium, depending upon your guidelines.

Company Termination: If your company chooses to terminate coverage through Amwins Connect Administrators, it is requested that a thirty (30) day advance written notification be given. If your company fails to give written notification prior to the first of the month for which the termination is requested, your company will be liable for the additional month's premium.

Company Reinstatement: Reinstatement requests must be received in writing and are subject to carrier review and approval. Reinstatement requests must be accompanied by all past due premium and current month's premium, based on carrier requirements. Additionally, a \$100.00 fee is charged due to administration costs and must be submitted along with all premiums due. Insurance carriers may impose a waiting period following group termination.



**Section 8: Confidential Information**

Amwins Connect Administrators considers any and all information, materials and systems to be confidential and proprietary.

Amwins Connect Administrators complies with HIPAA Privacy and Security regulations, which protects the confidentiality of our Clients' database containing information regarding their employees, dependents, benefits and costs. Amwins Connect Administrators hereby warrants that this information is kept in strict confidence and maintained on the system by secure password protection. Therefore, as a pre-requisite to delivery or disclosure of any such information, the Client also acknowledges that they:

- (a) Will use reasonable means, not less than that used to protect their own proprietary information and to safeguard the information;
- (b) Will not show or otherwise disclose any information to anyone other than their appointed Broker (if authorized below) or Clients staff (if authorized below);
- (c) Will not share their password to gain access to the system with anyone other than those bound by the terms of this agreement;
- (d) Will notify your Amwins Connect Administrators Account Administrator immediately, in writing, of any changes to Access Authorization to protect the confidentiality of your information. Amwins Connect Administrators will not be held responsible for any unauthorized access that may occur if Client does not provide timely notification of change to Authorization Access list.

Once the Agreement is countersigned by Amwins Connect Administrators, the Client and any authorized person(s) identified above will be issued a confidential Login ID and Password to gain access to the website. Upon receipt of signed agreement, Amwins Connect Administrators will require 15 days to establish Client access to the online enrollment system.

**SURVIVAL**

The parties recognize and agree that the respective obligations under this Agreement shall survive the termination, inactivity or discontinuance of this Agreement and that, thereafter, they shall be bound by such obligation.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives have executed this Agreement on the date set forth below their signature.

**Section 8A: Company Official Signature**

Name (printed): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Section 8B: Broker Signature**

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**ADDITIONAL SERVICES**

Amwins Connect Administrators offers additional services at no cost or at an additional PEPM. Please check the additional services you would like to add and complete the corresponding sections in this agreement. Some services may require additional documentation and set up fees.

Extended Benefit Administration – COBRA (Section 7) Set Up Fee: \$0.00 Monthly: \$2.50 PEPM

**Separate Document Required:**

EASE - Online Enrollment Set Up Fee: \$0.00 Monthly: \$0.00 PEPM  
 HRA – Health Reimbursement Arrangement Administration Set Up Fee: \$250.00 Monthly: \$6.00 PEPM  
 FSA – Flexible Spending Account Administration Set Up Fee: \$250.00 Monthly: \$6.00 PEPM

POP – Premium Only Plan – Section 125 Cafeteria Plan Document Document Fee: \$300.00 Monthly: NA  
 WRAP Plan Document Document Fee: \$500.00 Monthly: NA  
 Payroll Integration Fees and services may vary by vendor.