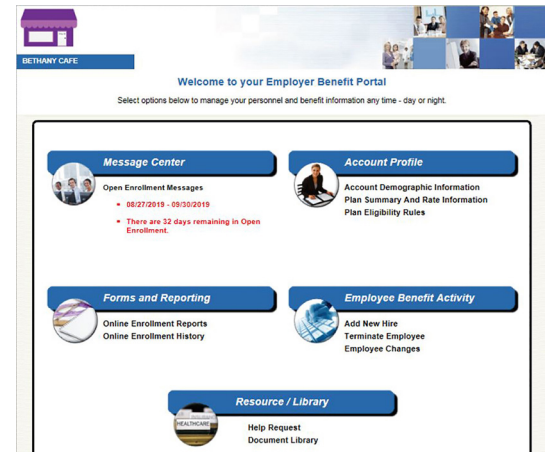




Our online enrollment system is designed to offer you access to a variety of eligibility management tools to assist you in managing your employee benefits program. Our Online Enrollment System streamlines time-consuming tasks of benefits enrollment, billing and reporting requirements, and allows you to review benefit options, compare benefit summaries and complete final benefit elections.

Employer access features

- Access to manage personnel an benefit information with ease and convenience, anytime day or night.
- Message Center that displays important messages for you employees regarding New Hire an Open Enrollment Periods, Mid-Year Qualifying Event activities, missing information, etc.
- Document Library for access to Carrier Benefit Summaries as well as Carrier and Amwins Connect Administrators forms
- Various report options such as Custom Census, Enrollment Alerts, Benefit Summary Reports and Beneficiary Reports, to assist in managing employee benefits and enrollment.
- A system designed to walk you through the steps that are required to complete each enrollment process, (New Hire, Employee Changes or Employee Terminations) after selecting the employee.
- View all transactions processed through Online Enrollment.
- Email notifications of all employee online transactions.
- Employee Election Forms for print and signature.



Amwins Connect Administrators

6 North Park Drive, Suite 310
Hunt Valley, MD 21030

amwinsconnecttpa.com

800-638-6085
gbs.gbssalesandmarketing@amwins.com

Employee access features

- Employee ability to make changes, update information and add dependents to benefits.
- Benefit Summary reflecting their plan elections, payroll deductions and coverage levels as of the date and time shown.
- An email link to your dedicated Account Administrator.
- Employee Election Form which reflects transactions performed.

Your Benefit Summary reflects your plan elections, payroll deductions and coverage levels as of the date and time shown below.

OPEN ENROLLMENT EFFECTIVE: 10/01/2019
AUGUST 29, 2019
TIME: 10:39 AM
Please print a copy for your records: [Print Summary](#)

Employee Demographics			
Employee:	CHRIS THOMPSON	Social Security #:	XXXX-XX-3444
Address:	5901 MONROTON RD BETHANY, DE 19995	Gender:	Male
Phone:	() -	Date of Birth:	10/28/1985
		Status:	Active
		Date of Hire:	12/02/2016
		E-mail:	
Dependent(s) Enrolled (If Applicable)			
Name	Relationship	Date of Birth	Plans Enrolled
INGRID THOMPSON	Wife	09/25/1988	Medical,Dental,Vision
Elected Plan(s)			
Plan Name	Per Pay Deductions	Coverage/Benefit Level	Benefit Effective
BLUE CHOICE HMO TEST1	.00	HUSBAND/WIFE	02/01/2017
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	.00	HUSBAND/WIFE	02/01/2017
DELTA DENTAL PPO PLUS PREMIER ACTIVE	.00	HUSBAND/WIFE	02/01/2017
BLUEVISION PLUS OPT1 \$0.12	.00	HUSBAND/WIFE	02/01/2017
MOO LIFE 1XSL \$250.000MX ALL EES	.00	\$ 42.000	02/01/2017
MOO ROAD 1XSL \$250.000MX ALL EES	.00	\$ 42.000	02/01/2017
MOO STD 80%BL \$2.000MX 1/8/13 ALL EES	.00	\$ 484 /week	02/01/2017
MOO VOL LTD 80%BL \$10.000MX BODY ALL EE	4.02	\$ 2.100 /month	02/01/2017
OPTIONAL EMPLOYEE LIFE	4.00	\$ 100.000	02/01/2017
	\$ 8.02		
Declined Plan(s)			
Plan Name	Declined Reason(s)		
DECLINED VOL LIFE SPOUSAL BENEFIT	NOT INTERESTED		
DECLINED VOL LIFE DEPENDENT BENEFIT	NOT INTERESTED		
No Elections Made			
DEPENDENT CARE FSA			

