

Amwins View Employer Online Users Guide

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 **AMWINS**™

CONNECT ADMINISTRATORS

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1. Introduction—Amwins View

A. Overview of amwinsconnecttpa.com

Amwins Connect Administrators' corporate website address is www.amwinsconnecttpa.com. Our proprietary website known as Amwins View is intended to provide our clients with state of the art technology tools to streamline the administrative processes to manage your employee benefit program. Amwins View provides information regarding Amwins Connect Administrators' suite of products and services. It offers clients the ability to:

- Access Health and Wellness Information
- Access a Library for Industry and Compliance Information
- Access to print Carrier and Amwins Connect Administrators enrollment and administrative forms
- View Important Account information such as:
 - Account demographic and contact information
 - Employee & Dependent demographics, benefits and cost information
 - Generate Client Census Report
 - Current Plans and Rates
 - Financial History of enrollment changes, invoices and payment transactions
 - Print Pre-Populated election forms
 - Online copy of past 18 months of premium invoices—PDF and Excel Format
 - Ability to make monthly or recurring premium payments online
 - Ability to print temporary ID information sheets
 - Group or member Help Request
 - Amwins Connect Administrators Issue Tracking

B. Navigating the website:

To access the website type in the following address: www.amwinsconnecttpa.com. This will launch the home page on the site. For your convenience the website is designed to address different audiences. The sections are:

- Broker/Consultants – Amwins Connect Administrators Health Plans
- Employers – Payroll Services
- Members

Select Amwins Connect Administrators Access login.

2. Content

A. Welcome to Amwins View

Amwins View provides secure on-line access to a variety of group/plan information including enrollment, eligibility maintenance, billing, payment and customer service. Each Client will be assigned a Username and Password by Amwins Connect Administrators and if requested may receive training from Amwins Connect Administrators staff.

B. Amwins View Log In

Once you have logged onto the system, you will be welcomed to Amwins View. A menu of options will be presented in the shaded box to the left.

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COMPLIANCE LIBRARY * HEALTH & WELLNESS CENTER * CHANGE LOGIN * LOGOUT

WELCOME TO GBSAccess™!

Welcome to GBSAccess™! GBSAccess™ is an eCommerce suite designed to provide Employers and Brokers on-line access to a variety of group/plan information such as enrollment, eligibility maintenance, billing, and customer service. By utilizing a series of interactive tools, users can better manage their benefit plans by having the ability to access and transmit information when it is convenient for them - regardless of the day or time.

To enter GBSAccess™, please login below.

- **Brokers & Employers:** If you are a first time user, or if you have forgotten your user ID or password.
 - [Click here for assistance.](#)
- **Employees:** If you are a first time user you may:
 - [View a demonstration on creating an account](#)
 - [Click here to create an account now.](#)
- **OHCS:** If you are a first time user you may:
 - [View documentation on creating an account and using the applications.](#)
 - [Account Registration for Dentists and Hygienists](#)

EMPLOYERS/BROKERS/EMPLOYEES

Username:

Password:

[Forgot your password?](#) | [Forgot your User Name?](#) | [No Login? Register Existing Member](#)
[Registration for Dentists and Hygienists](#)

2. Content (continued)

C. View Account Information

The Account Information screen provides you with demographics, contact names and phone numbers as well as account status information such as number of employees enrolled, whether Amwins Connect Administrators is administering your COBRA/STATE extension benefits and your plan eligibility rules for benefits.

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ACCOUNT INFORMATION ACCOUNT# 888-001-0005

BETHANY CAFE
For additional information, please use the menu options to the left.

ADDRESS: 121 WATER STREET
CITY: BALTIMORE
STATE: MD COUNTY: BC ZIP: 21201
CONTACT: CANDACE FALLIN
TAX ID#: 5204545454
PHONE: 666-525-2525
FAX: 555-521-5215
EXECUTIVE CONTACT: CINDY WHITEHEAD

TOTAL EMPLOYEES ENROLLED: 4
TOTAL ENROLLED WITH MEDICAL: 4
COBRA/STATE ADMINISTRATOR: Yes
COBRA SERVICE TYPE: Full Service
PLAN ELIGIBILITY: Details

COVERAGE AVAILABLE TO: PART TIME EMPLOYEES: No
THOSE WITH OTHER COVERAGE: Yes
RETIREES: No
DOMESTIC PARTNER: Yes

INVOICED THROUGH: 8/1/2016
STATUS: Active
TERMINATION DATE: REASON:

ACCOUNT ADMINISTRATOR: ACCOUNT COMMERCIAL
BROKER: KATHY SIMMONS
MEDICAL RENEWAL MONTH: JULY
PHONE: 410-832-1300

VIEW ACCOUNT INFORMATION | CUSTOM CENSUS | ENROLLMENT SUMMARY | COBRA/STATE EXTENSION REPORTS | PLAN RATES | FINANCIAL HISTORY | ELECTION FORM POPULATION | INVOICES & PAY ONLINE | INVOICE DELIVERY | TEMPORARY ID INFORMATION | ONLINE ENROLLMENT | HELP REQUEST

D. Custom Census

Allows employers to create custom census reports which may include employee and dependent demographics, coverages, premiums, etc. Reports can be downloaded into Excel.

Custom Census Help Close

Use arrows to select additional fields from the 'Available Fields' box as the required fields have been selected. Once you have completed your selection of available fields, select 'Build Census' to view the data and then select 'XLS' to export to an Excel Spreadsheet.

To save a selected list of fields as a Favorite, enter a name in the 'Save As Favorite' text box and select 'Save As Favorite'. To view a saved favorite, use the 'Load Favorite' drop down and select 'Load Favorite'.

You may enter an effective date to provide enrollment based on the date selected or in the absence of a date, enrollment will be based on today.

Load Favorite DE Save As Favorite

07/2016 Enter Effective Date - mm/dd/yyyy

Available Fields

- Dependent Social #
- Dependent Last Name
- Dependent First Name
- Dependent Middle Initial
- Address line 1
- Address line 2
- City
- State
- Zip Code
- Area Code
- Phone #
- Gender
- Salary
- Birth Date
- Age
- Employment Date
- Handicapped

Fields Selected

- *Employee Social #
- *Employee First Name
- *Employee Last Name
- *Employee Middle Initial
- *Relationship

Build Census XLS Export to Excel

E. Enrollment Summary

The Enrollment Summary screen provides you with a listing of your employees (active, terminated and COBRA) that are/were enrolled in your benefit program. You can also produce a report or Excel spreadsheet from this screen.

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COMPLIANCE LIBRARY | HEALTH & WELLNESS CENTER | CHANGE LOGIN | LOGOUT

ENROLLMENT SUMMARY ACCOUNT# 888-001-0005

BETHANY CAFE
Select any name for detailed information regarding the employee, including dependents, coverage, and premiums.

Please use the search box below to select an alternate starting point for the census listing.
SEARCH BY LAST NAME: GO

| NAME | BIRTHDATE | AGE | SEX | DATE | EMPLOYMENT | PREMIUM STATUS |
|------------------|------------|-----|-----|------------|------------|-------------------|
| ANDERSON, RODNEY | 05/15/1968 | 28 | M | 07/01/2000 | | \$896.98 active |
| BETHANY, KATHY | 06/02/1959 | 57 | F | 07/01/2000 | | \$1,367.69 active |
| TYLER, STEPHEN | 02/14/1964 | 32 | M | 08/01/2015 | | \$123.47 active |
| WAVE, MARCY | 03/22/1975 | 41 | F | 12/01/2014 | | \$1,069.12 cobra |

HIDE CANCELLED HIDE COBRA
PRINT CUSTOM REPORT PRINTER-FRIENDLY FORMAT

F. Plan/Rates

The Plan/Rates screen provides you with a brief description of your current plans, carrier group numbers, coverage types, rates and plan eligibility. You can also produce a report or Excel spreadsheet from this screen.

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PLAN/RATES ACCOUNT# 888-001-0005

BETHANY CAFE
The information below is a brief summary of information for the current invoice period.

| PLAN DESCRIPTION | CARRIER | GRP NUM | AGE BAND | COV TYPE | TERM DATE | RATE | TOBACCO RATE |
|----------------------------------|---------|---------|----------|----------|------------|----------|--------------|
| BC HMCOA HDHP OPT1 02545RX 1200D | CJ03 | 0100 | 00 | MI | 06/30/2020 | \$91.94 | \$91.94 |
| | CJ03 | 0100 | 00 | IN | 06/30/2020 | \$95.04 | \$95.04 |
| | CJ03 | 0100 | 00 | PC | 06/30/2020 | \$180.52 | \$180.52 |
| | CJ03 | 0100 | 00 | HW | 06/30/2020 | \$209.18 | \$209.18 |
| | CJ03 | 0100 | 00 | FA | 06/30/2020 | \$285.12 | \$285.12 |
| | CJ03 | 0100 | 00 | P2 | 06/30/2020 | \$285.12 | \$285.12 |
| BC HMCOA HDHP OPT1 1525CP 1200D | CJ03 | 0100 | 00 | MI | 06/30/2020 | \$366.90 | \$366.90 |
| | CJ03 | 0100 | 00 | IN | 06/30/2020 | \$379.27 | \$379.27 |
| | CJ03 | 0100 | 00 | PC | 06/30/2020 | \$720.44 | \$720.44 |

SHOW PLAN ELIGIBILITY
PRINTER-FRIENDLY FORMAT DOWNLOAD TO MS EXCEL

2. Content (continued)

G. Financial Transaction History

The Financial Transaction History screen provides you with a chronological outline of all enrollment activity (that affects premium), billing and payment information for the last three invoice periods.

| RECEIVED | DATE | TRANSACTION TYPE | EFFECTIVE | TRANSACTION AMOUNT |
|------------|------------|------------------------------|------------|--------------------|
| 06/06/2016 | 06/06/2016 | PREMIUM PAYMENT - THANK YOU! | 06/01/2016 | (\$2,400.14) |
| | | TEST \$2400.14 | | |
| | 05/09/2016 | MONTHLY PREMIUM INVOICE | 06/01/2016 | \$2,390.14 |
| | | TOTAL DUE- 2400.14 | | |
| 05/09/2016 | 05/09/2016 | PREMIUM PAYMENT - THANK YOU! | 05/01/2016 | (\$2,390.14) |
| | | TEST \$2390.14 | | |
| | 05/09/2016 | INVOICE FEE | 06/01/2016 | \$10.00 |
| | 04/07/2016 | MONTHLY PREMIUM INVOICE | 05/01/2016 | \$2,390.14 |
| | | TOTAL DUE- 2390.14 | | |

H. Election Form Population

The Election Form screen allows you to print pre-populated election forms for one or all of your employees. You can select to print just demographic information or demographic and plan information on the election form. This particular feature can come in handy at Open Enrollment to save your employees time in completing their enrollment forms.

EMPLOYEE ELECTION FORM

This feature of GBS Access allows you to produce a completed GBS Employee Election for a single employee or all enrolled employees for the account you have selected. The information is retrieved on-line from the current enrollment information.

The GBS Election Form may be used for enrollment or enrollment changes for all self-funded plans. If the current carrier is fully insured or you are using the form to enroll in a fully insured plan, please refer to the GBS Employee Election Form Carrier Approval Chart to determine if the form has been approved by the carrier. If the form has not been approved, the carrier enrollment application must be used. Carrier applications are located under the **Carrier Forms** section of our website.

I understand that I assume full responsibility for the accuracy of the election form(s) submitted and I will be required to obtain a completed carrier application(s) if it is determined that the election form has not been approved by the carrier. All election forms and applications require an employee signature. Carrier Group Health Statements or Evidence of Insurability Forms must also be submitted when medical underwriting is required by the carrier.

ACCEPT & CONTINUE

EMPLOYEE ELECTION FORM

1. EMPLOYEE INFORMATION (your employer will complete the shaded boxes in this section)

Last Name: BETHANY, First Name: KATHY, Social Security Number: 888015001, Date of Birth: 07/01/2000, Gender: F, Marital Status: Single, Current Employer: BETHANY CAFE, Employee ID: 888015001, Plan Number: 888-001-0005, Effective Date: 06/01/2016.

2. GENERAL INFORMATION (Complete entire line for all listed)

| Last Name | First Name | SSN | Date of Birth | Gender | Marital Status | Current Employer | Employee ID | Plan Number | Effective Date |
|-----------|------------|------------|---------------|--------|----------------|------------------|-------------|--------------|----------------|
| BETHANY | KATHY | 888015001 | 07/01/2000 | F | Single | BETHANY CAFE | 888015001 | 888-001-0005 | 06/01/2016 |
| BETHANY | WILLIAM | 02-28-1855 | 888015002 | M | | | | | |
| BETHANY | EMILEIGH | 11-10-2001 | 888015003 | F | | | | | |

3. OTHER HEALTH INSURANCE (You must complete this section or claims may be denied)

Do you or your dependent have health insurance from another source? If Yes, please provide details: No.

4. BENEFIT SELECTION (Indicate level of coverage elected for each benefit offered by your employer)

| Benefit Category | Level of Coverage |
|----------------------|---------------------|
| Medical Insurance | Level 1 (Self-Only) |
| Dental Insurance | Level 1 (Self-Only) |
| Vision Insurance | Level 1 (Self-Only) |
| Life Insurance | Level 1 (Self-Only) |
| Disability Insurance | Level 1 (Self-Only) |

I. Invoices and Pay Online

The Invoice feature provides you with an online printable (PDF Format) or Excel version of your Amwins Connect Administrators premium invoices for the last eighteen months. Simply click on the month you wish to view and select PDF or Excel.

PREMIUM INVOICES

Please select the Invoice Coverage Month below. Then choose a printable version (PDF) or download to Excel. Premium invoices are available online for a maximum period of 18 months.

| COVERAGE MONTH | INVOICE NUMBER | View Invoice |
|----------------|----------------|--------------|
| JUNE 2016 | 2091823 | PDF |
| MAY 2016 | 2082401 | PDF |
| APRIL 2016 | 2066309 | PDF |
| MARCH 2016 | 2058884 | PDF |
| FEBRUARY 2016 | 2047593 | PDF |
| JANUARY 2016 | 2036225 | PDF |
| DECEMBER 2015 | 2025541 | PDF |

Download To MS Excel

Invoices in Excel are also available during a date range of up to 18 months. Please enter the applicable date range below.

From: optional To: optional

I. Invoices and Pay Online (continued)

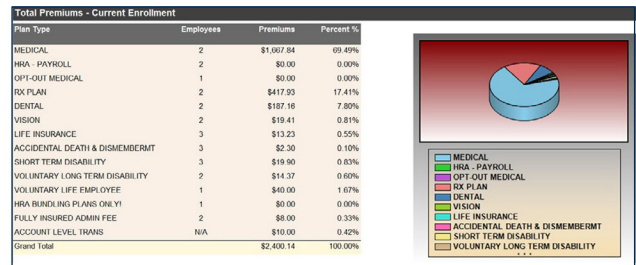
Printable PDF Format.

[illegible]

Printable Excel Format.

| | C | D | E | F | I | M | N |
|--------------|-----------|-------------|--------------------|------------------|------------|----------|--------------|
| Invoice Date | Invoice # | Cost Center | Transaction Type | Employee Name | Plan/Trans | Eff Date | Carrier Name |
| 05/09/2016 | 2091823 | | INVOICE FEE | | 06/01/2015 | | |
| 05/09/2016 | 2091823 | BALTIMORE | CURRENT ENROLLMENT | TYLER, STEPHEN | 07/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BALTIMORE | CURRENT ENROLLMENT | TYLER, STEPHEN | 07/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BALTIMORE | CURRENT ENROLLMENT | TYLER, STEPHEN | 07/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BALTIMORE | CURRENT ENROLLMENT | TYLER, STEPHEN | 07/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BALTIMORE | CURRENT ENROLLMENT | TYLER, STEPHEN | 07/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BALTIMORE | CURRENT ENROLLMENT | TYLER, STEPHEN | 07/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BALTIMORE | CURRENT ENROLLMENT | TYLER, STEPHEN | 07/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BALTIMORE | CURRENT ENROLLMENT | TYLER, STEPHEN | 07/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BETHANY | CURRENT ENROLLMENT | ANDERSON, RODNEY | 08/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BETHANY | CURRENT ENROLLMENT | ANDERSON, RODNEY | 08/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BETHANY | CURRENT ENROLLMENT | ANDERSON, RODNEY | 08/01/2015 | | TEST CARRIER |
| 05/09/2016 | 2091823 | BETHANY | CURRENT ENROLLMENT | ANDERSON, RODNEY | 07/01/2015 | | TEST CARRIER |

The Excel format includes a Premium Summary Graph (tab 2) that displays premiums and number of members per product allowing employers to determine how monthly premium dollars are allocated.



Pay Online

The Pay Online feature provides you with the ability to pay monthly premiums via a single payment 24/7 or you may choose to enroll in the ACH Auto Debit program. The Auto Debit will ensure timely payments on the last business day of each month. A payment record of the last 10 online payments will be reflected in the ACH history.

VIEW ACCOUNT INFORMATION
CUSTOM CENSUS
ENROLLMENT SUMMARY
COBRARESTATE
EXTENSION REPORTS
PLAN/RATES
FINANCIAL HISTORY
ELECTION FORM
POPULATION
INVOICES & PAY ONLINE
INVOICE DELIVERY
TEMPORARY ID INFORMATION
ONLINE ENROLLMENT
HELP REQUEST
GBS ISSUE TRACKING
DOCUMENT LIBRARY
FREQUENTLY ASKED QUESTIONS

Adobe Acrobat Reader is required to download the PDF Invoice. It is recommended that you use the most recent version. To download Acrobat Reader click [here](#) to visit Adobe.com.

Payments may be mailed to:
Group Benefit Services, Inc.
PO BOX 64802
Baltimore, MD 21264-4802

Flexible Online Payment Features!

Choose Single or Auto Debit

ENDING BALANCE DUE: \$2,400.14


10 most recent authorized online payments listed below.

Any online payment rejected due to insufficient funds will be reflected in the "Financial History" screen. Please view full invoice and payment history there. ([click option on left](#))


| Transaction Date | ACH Date | User Name | Amount |
|--|----------|-----------|--------|
| <div> <div> </div> <div> </div> </div> | | | |


J. Invoice Delivery

The Invoice Delivery feature allows you to elect the electronic invoice. You will receive an email notification when your invoice has been generated and is ready to view and pay. Please note you can save the monthly surcharge by electing e-billing. If you do not elect e-billing, you will continue to receive a paper invoice inclusive of a monthly surcharge.



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[* CHANGE LOGIN](#)
[* LOGOUT](#)





PREMIUM INVOICES (DELIVERY)

ACCOUNT# 888-001-0005

This account is currently receiving a paper invoice mailed to the address on file.

Click button below to OPT-IN to paperless delivery and save the monthly fee.

A valid email address is required.

Please enter or confirm email address below.

[VIEW ACCOUNT INFORMATION](#)
[CUSTOM CENSUS](#)
[ENROLLMENT SUMMARY](#)
[CORR/STATE EXTENSION RECORDS](#)
[PLAN/RATES](#)
[FINANCIAL HISTORY](#)
[ELECTION FORM POPULATION](#)
[INVOICES & PAY ONLINE](#)
[INVOICE DELIVERY](#)
[TEMPORARY ID INFORMATION](#)

2. Content (continued)

K. Temporary ID Information

The Temporary ID feature allows you to print information sheets for one or all your employees. This is an excellent tool when you add an employee to your plan or you have changed plans at open enrollment time and you have not yet received your new ID cards from the carrier. This document offers providers the necessary information to provide treatment.

L. Online Enrollment

The Online Enrollment feature will be available if you have completed the Online Enrollment Agreement. 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 system allows you to add new employees, terminate employees from the plan, make enrollment changes to employees and/or their dependents, etc. If you are interested in electing this feature, please contact your Account Administrator for the agreement.

M. Help Request

The Help Request feature allows you to ask your Amwins Connect Administrators Customer Service Representative benefit or technical questions directly from the website. You will receive a confirmation email with an assigned ticket number and a response within two business days.

N. Amwins Connect Administrators Issue Tracking

The Amwins Connect Administrators Issue Tracking feature allows you to view outstanding issues applicable to your account. You may respond to an issue or contact an Account Administrator by accessing the link next to a specific issue. Issues may also be exported to an excel spreadsheet for review.

O. COBRA/State Extension Services (optional)

The COBRA/State Extension feature is available to all groups where Amwins Connect Administrators performs these administrative services to your firm (letters/notices, billing/collections, reconciliation and payment to carriers). You are able to view and download an Excel report that reflects all letters as well as a report that reflects all current COBRA/State Extendeds and their billing/payment history.

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TEMPORARY ID INFORMATION ACCOUNT# 888-001-0005

BETHANY CAFE

Please select the employee(s) for whom temporary identification information will be generated.

If you would like to generate temporary identification information for all active employees, select the "Generate Forms" option following the census display. If you would like to generate temporary identification information for a specific employee, select the employee name from the census.

You have the option of viewing only Current Coverage for an individual or all active employees, or viewing only Future Coverage. Click on the appropriate radio button below the census display prior to selecting an employee name or clicking the "Generate Forms" button.

In order to enhance performance, this census display is limited to the first 50 members. Please use the search box below to select an alternate starting point for the census listing.

SEARCH BY LAST NAME: GO

| NAME | BIRTHDATE | AGE | SEX | DATE | EMPLOYMENT | STATUS |
|------------------|------------|-----|-----|------------|------------|--------|
| ANDERSON, RODNEY | 06/15/1986 | 28 | M | 07/01/2000 | active | |
| BETHANY, KATHY | 06/02/1990 | 27 | F | 07/01/2000 | active | |
| TYLER, STEPHEN | 02/14/1984 | 32 | M | 06/01/2015 | active | |

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BETHANY CAFE Account #888-001-0005

Member Confirmation of Benefits

As of 06/07/2016

If you have enrolled in a Medical, Prescription Drug, Dental, or Vision product and have not yet received your ID card from your carrier, supply the following information to your provider to verify enrollment. If you have lost or misplaced your ID card, please call the member services number indicated below to request a duplicate.

Employee: ANDERSON, RODNEY Social Security #: xxx-xx-5004
Address: 852 2ND AVENUE Gender: Male
City: BETHANY State: DE Zip: 19966-0000 Date of Birth: 05/15/1988
Phone: 555-456-5252 Status:

COVERAGES

Medical/Rx

Carrier: TEST CARRIER Member #: XXX Coverage Type: HUSB/WIFE Effective Date: 06/01/2015
Medical Plan: BC HMOA HSA COMP OPT2 OCP 2500DED Group #: C03 D100

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ACCOUNT INFORMATION ACCOUNT# 888-001-0005

BETHANY CAFE

For additional information, please use the menu options to the left.

ADDRESS: 121 WATER STREET CITY: BALTIMORE TAX ID#: 5244545454
STATE: MD COUNTY: BC ZIP: 21201 PHONE: 555-525-2525
CONTACT: CANDACE FALLIN EXECUTIVE CONTACT: CINDY WHITEHEAD FAX: 555-521-5215

TOTAL EMPLOYEES ENROLLED: 4 COBRA/STATE ADMINISTRATOR?: Yes
TOTAL ENROLLED WITH MEDICAL: 4 COBRA SERVICE TYPE: Full Service
PLAN ELIGIBILITY: Q3433

COVERAGE AVAILABLE TO: PART TIME EMPLOYEES: No RETIREES: No
THOSE WITH OTHER COVERAGE: Yes DOMESTIC PARTNER: Yes

INVOICED THROUGH: 6/1/2016 STATUS: Active TERMINATION DATE: REASON:

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Help Request

Group benefits services is pleased to provide you with any assistance you may need regarding your employee benefit program. Please indicate your service request - REQUIRED FIELD (Update Email and Phone if necessary.)

Employer Name: BETHANY CAFE
SSN:
Employee Name:
Email Address:
Daytime Phone Number: 555 5252525

Please have a GBS Customer Service Representative contact me regarding:
☐ My Benefits ☐ Technical Question

My Question Is: (limited to 256 characters)

Click to Submit

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GBS Issue Tracking

Issue Number (Optional):

VIEW AS EXTERNAL USER: ☐

Filter By: the Following
Date Range: From: 01/01/2016 To: 07/2016
Issue Type: (Optional)

Select From the Following:
☐ Open Issues
☐ Closed Issues
☒ All Issues

Select Response Requested From:
☐ Broker / Agency
☐ Carrier
☐ Carrier GBS

Submit Clear Selections Export to Excel

| Issue Number | Account | Issue Date | Issue Type | Subject | Issue Status | Response Requested | Entered By | Detail Link |
|--------------|--------------|------------|----------------|-----------------------|--------------|--------------------|------------|-------------|
| 891 | BETHANY CAFE | 05/18/2016 | MEMBER ID CARD | REQUEST ID CARD | CLOSED | CARRIER | SHALL | Detail |
| 782 | BETHANY CAFE | 04/06/2016 | MEMBER ID CARD | MISSING ID CARD | OPEN | CARRIER | CANDACE | Detail |
| 794 | BETHANY CAFE | 04/06/2016 | ENROLLMENT | INCOMPLETE ENROLLMENT | CLOSED | ACCOUNT | CANDACE | Detail |

Active COBRA Member Reports:

- Available to groups for whom GBS performs billing services for members electing extended coverage.
- Displays a list of all extending members for a specific month or date range based on a snapshot taken on the first of each coverage month. For current membership, you may contact the GBS COBRA Unit at 410.832.1300 or toll free at 1.800.638.6085. You may also contact us at CobraAdmin@gbso.net
- Select a single month or multiple months for your report.

System Requirements:
Adobe Reader is required to view and print PDF reports. If you do not have Adobe Reader, it can be downloaded for free by following this link. [Adobe Reader Free Download](#)

Microsoft Excel is required to view and print Excel reports. If you don't have Microsoft Excel, it can be downloaded for free by following this link. [Microsoft Excel Viewer Free Download](#)

NOTE: Some reports may take up to 60+ seconds to load. Please be patient

Qualifying Event Letter Reporting
Use this tool to view a Event Letter Report.
No data available
Full Service
From: To:

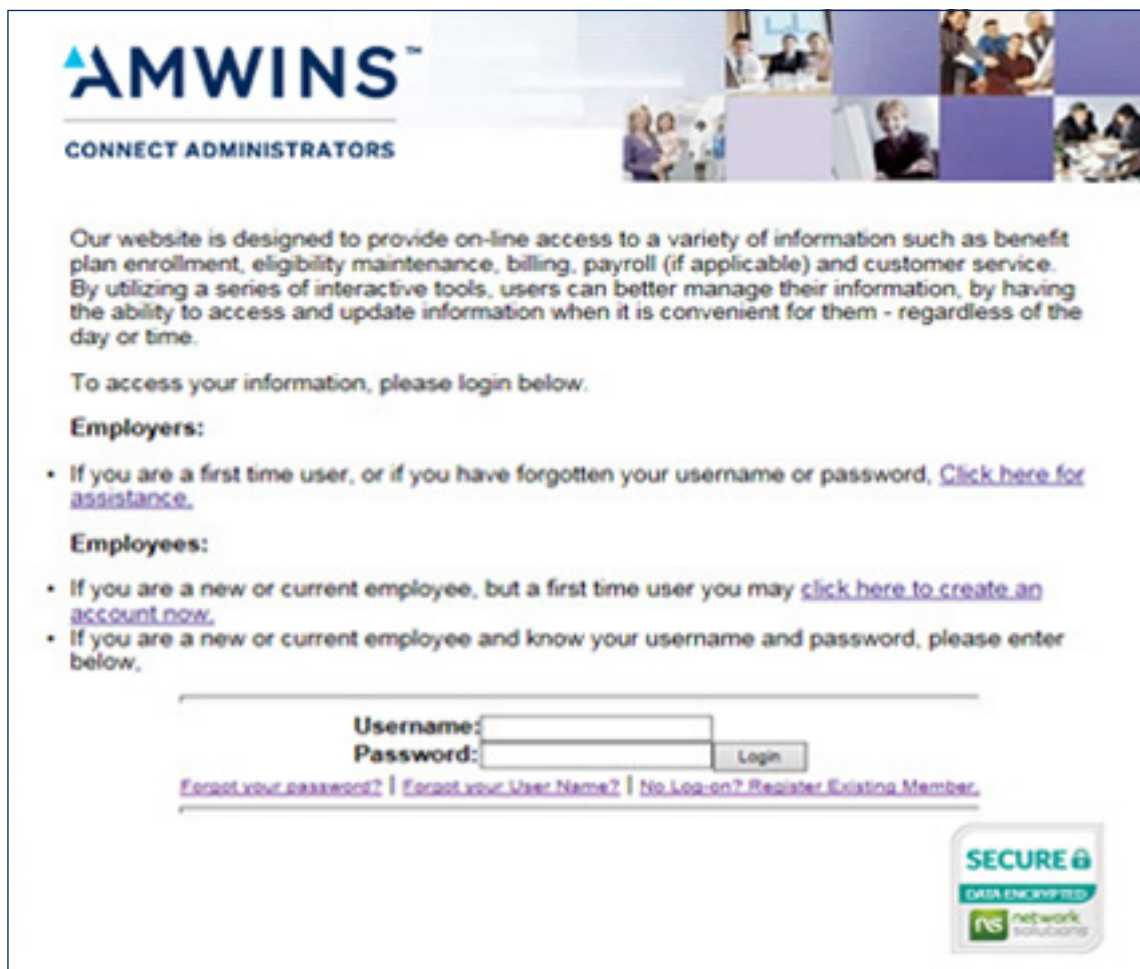
Active COBRA Member Reporting
Use this tool create Active Member Report
Full Service
From: 12-01-2015 To: 06-01-2016
Leave TO date 'blank' for single month

Get PDF Report Get EXCEL Report Get PDF Report Get EXCEL Report

Accessing the Online Enrollment Website

We are pleased to provide our Online Enrollment Website which allows you to review benefit options, compare benefit summaries and complete final benefit elections. To access and utilize our Online Enrollment website please visit our website at <https://secure.amwinsconnecttpa.com/gbsaccess/clientaccess.asp>

Account users authorized on the Amwins Connect Administrators Online Enrollment Agreement will be setup in our system and have received their username and password for login. Please login with your assigned username and password to access the Online Enrollment Employer Benefit Portal.



The screenshot shows the Amwins Connect Administrators website. At the top left is the Amwins logo with the tagline 'CONNECT ADMINISTRATORS'. To the right is a collage of images showing people in business settings. Below the logo, a paragraph describes the website's purpose: providing on-line access to benefit plan enrollment, eligibility maintenance, billing, payroll, and customer service. It encourages users to manage their information conveniently. Below this, it says 'To access your information, please login below.' There are two sections: 'Employers:' and 'Employees:'. The 'Employers:' section has a bullet point linking to assistance for first-time users or those who forgot their credentials. The 'Employees:' section has two bullet points: one linking to create an account for new or current employees, and another for existing employees to enter their credentials. Below these sections are input fields for 'Username:' and 'Password:', followed by a 'Login' button. At the bottom of the login area are links for 'Forgot your password?', 'Forgot your User Name?', 'No Log-on?', 'Register Existing Member', and 'New User'. In the bottom right corner, there is a 'SECURE' badge with 'DATA ENCRYPTED' and the 'network solutions' logo.

AMWINS™
CONNECT ADMINISTRATORS

Our website is designed to provide on-line access to a variety of information such as benefit plan enrollment, eligibility maintenance, billing, payroll (if applicable) and customer service. By utilizing a series of interactive tools, users can better manage their information, by having the ability to access and update information when it is convenient for them - regardless of the day or time.

To access your information, please login below.

Employers:

- If you are a first time user, or if you have forgotten your username or password, [Click here for assistance.](#)

Employees:

- If you are a new or current employee, but a first time user you may [click here to create an account now.](#)
- If you are a new or current employee and know your username and password, please enter below,

Username:
Password:

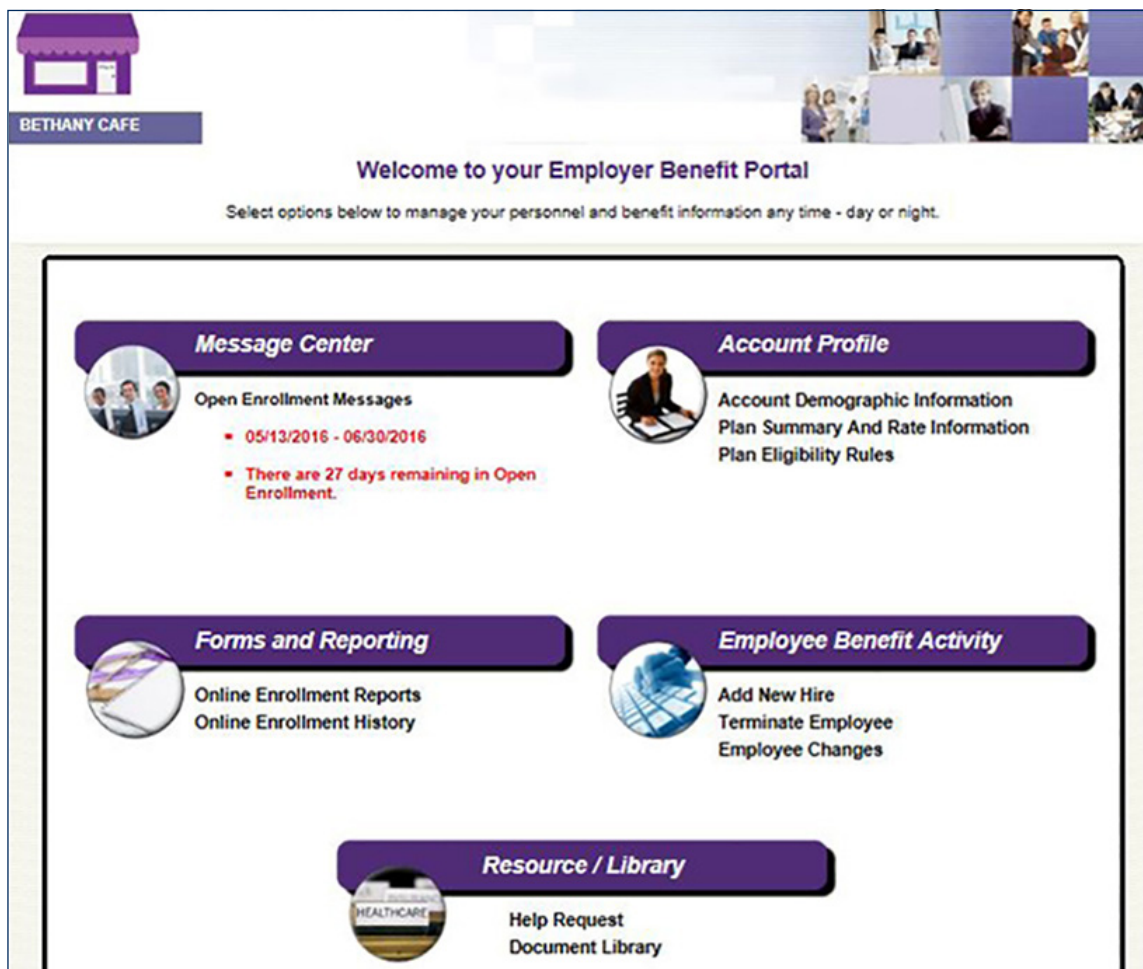
[Forgot your password?](#) | [Forgot your User Name?](#) | [No Log-on?](#) [Register Existing Member.](#)

SECURE
DATA ENCRYPTED
network solutions

Employer Benefit Portal

Our online enrollment system is designed to offer you access to manage your personnel and benefit information with ease and convenience, anytime day or night.

This screen provides an overview of the features of the system. To review any of these functions, click on the options listed on the portal. Each option will provide further instructions to review information or to complete enrollment transactions and reporting.



Employer Benefit Portal Features

A. Message Center

The Message Center displays the following types of messages:

- **New Hire Message**
 - Provides the date range for enrollment and a countdown of number of days to complete
- **Open Enrollment Message**
 - Provides the date range for enrollment
 - Employers may publish a specific message for Open Enrollment instructions
- **Alert Messages**
 - Dependents without coverage
 - Missing beneficiaries
 - Missing PCP information




Message Center

Open Enrollment Messages

- 05/13/2016 - 06/30/2016
- There are 27 days remaining in Open Enrollment.


Welcome to your Employee Benefit Portal



Message Center


New Hire (59 Days Remaining)
Click on "New Hire Enrollment" (under Benefit Activity) to make your benefit selections.

Missing Beneficiary Information




Employee Profile

Personal Information
Designate Beneficiaries
Coordination Of Benefits
Medicare / Handicapped Status




My Benefits

View Benefit Summary
Online Enrollment History




Dependent Profile

Personal Information
Coordination Of Benefits
Medicare / Handicapped Status




Employee Benefit Activity

New Hire Enrollment



Resource / Library

Help Request
Document Library



Account Profile

Account Demographic Information

Plan Summary And Rate Information

Plan Eligibility Rules

| ACCOUNT INFORMATION | | ACCOUNT# 888-001-0005 |
|--|---|-----------------------|
| BETHANY CAFE For additional information, please use the menu options to the left. | | |
| ADDRESS: 121 WATER STREET CITY: BALTIMORE STATE: MD COUNTY: BC ZIP: 21201 CONTACT: CANDACE FALLIN | TAX ID#: 5294545454 PHONE: 555-526-2626 FAX: 555-521-5215 EXECUTIVE CONTACT: CINDY WHITEHEAD | |
| TOTAL EMPLOYEES ENROLLED: 4 TOTAL ENROLLED WITH MEDICAL: 4 | COBRA/STATE ADMINISTRATOR?: Yes COBRA SERVICE TYPE?: Full Service PLAN ELIGIBILITY: Details | |

B. Account Profile

The Account Profile provides:

- **Account Demographic Information**
 - This includes contacts and an email link to your dedicated Account Administrator
- **Current Plan Summary and Rate Information**
 - An employer may determine new hire rates for plans that are age rated by entering the employee and dependent ages below
- **Plan Eligibility Rules**
 - This includes including waiting period, part time eligibility, dependent maximum age and student verification

PLAN/RATES

ACCOUNT#888-001-0005

BETHANY CAFE

The information below is a brief summary of information for the current invoice period.

| PLAN DESCRIPTION | CARRIER GRP NUM | AGE BAND | COV TYPE | TERM DATE | RATE | TOBACCO RATE |
|--|-----------------|----------|---|------------|----------|--------------|
| 0933492961001 AETNA GOLD HMO 2000 70% | | | Enter Age and select button to display specific rates for this plan or select 'Show All Rates' for all age bands. | | | |
| | 00839939 | 0-20 | | 07/31/2016 | \$192.27 | \$192.27 |
| | 00839939 | 0-20 | | 07/31/2017 | \$221.24 | \$221.24 |
| | 00839939 | 21-21 | | 07/31/2016 | \$302.78 | \$302.78 |
| | 00839939 | 21-21 | | 07/31/2017 | \$348.41 | \$348.41 |
| | 00839939 | 22-22 | | 07/31/2016 | \$302.78 | \$302.78 |
| | 00839939 | 22-22 | | 07/31/2017 | \$348.41 | \$348.41 |
| | 00839939 | 23-23 | | 07/31/2016 | \$302.78 | \$302.78 |
| | 00839939 | 23-23 | | 07/31/2017 | \$348.41 | \$348.41 |
| | 00839939 | 24-24 | | 07/31/2016 | \$302.78 | \$302.78 |
| 00839939 | 24-24 | | 07/31/2017 | \$348.41 | \$348.41 | |

SHOW PLAN ELIGIBILITY

Enter Age:

SHOW AGE Banded Rates

SHOW ALL RATES

PRINTER-FRIENDLY FORMAT

DOWNLOAD TO MS EXCEL

| PLAN/RATES ELIGIBILITY RULES | | ACCOUNT# 888-001-0005 | | |
|---|-------------------------|-----------------------------------|-----------------------|--------------------------------|
| BETHANY CAFE | | | | |
| The information below is a brief summary of information for the current invoice period. | | | | |
| Plan Description | New Hire Waiting Period | Part-Time EE's Eligible/Min Hours | Dependent Maximum Age | Student Verification Required? |
| BC HMOQA HDHP OPT1 0/25/45RX 1200D | FOMA DOH + 30 Days | No | 26 | No |
| BC HMOQA HDHP OPT1 15/25CP | FOMA DOH + 30 | No | 26 | No |

Employer Benefit Portal Features

C. Forms and Reporting

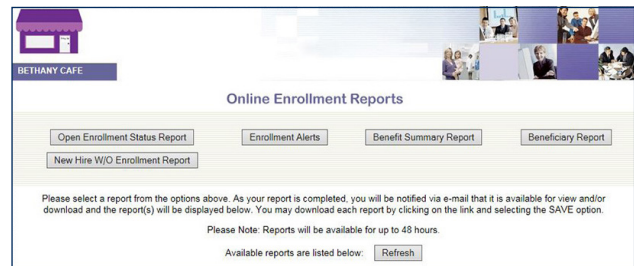
Reporting provides employers with various report options to assist in managing the employee benefits and enrollment.

Online Enrollment Reports

- Open Enrollment–progress of elections
- New Hire Enrollment–status of elections
- Beneficiary–report of designated beneficiaries
- Benefit Summary–report of online benefit elections
- Enrollment Alerts–missing employee information

Online Enrollment History

- View all transactions processed through online enrollment
- Print Employee Election Forms for signature
- Employee Signature is REQUIRED for all transactions other than demographic or PCP changes and employee terminations and must be maintained by employer for carrier audit

The screenshot shows the "ENROLLMENT TRANSACTION" table. It has a search bar at the top with a "Submit Search" button. Below the search bar, there are filter options: "Filter Options" and "Show Hide". The table has six columns: "Action", "Trans Date", "Trans Time", "Employee ID", "Name", and "Transaction Type".

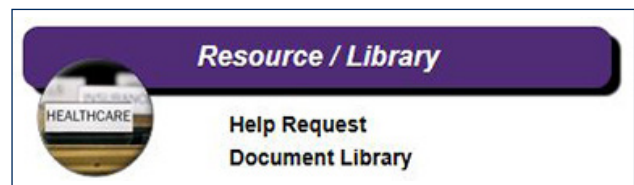
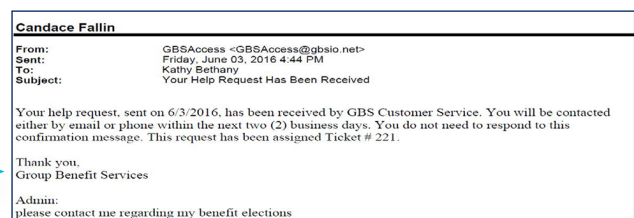
| Action | Trans Date | Trans Time | Employee ID | Name | Transaction Type |
|--------|------------|------------|-------------|-------------------|------------------|
| | 05/25/2016 | 03:22 PM | XXX-XX-9007 | WILSON, NATALIE | CHG |
| | 05/27/2016 | 10:50 AM | XXX-XX-0021 | KNEAVEIL, JEANNIE | ADD |
| | 05/27/2016 | 01:46 PM | XXX-XX-0004 | TODD, WILLIS | ADD |
| | 06/01/2016 | 09:52 AM | XXX-XX-0083 | BIXBY, ABIGAIL | ADD |

D. Resource/Library

The Resource / Library provides employers access to Carrier Benefit Summaries as well as carrier and Amwins Connect Administrators forms. An employer can also request assistance from your dedicated Amwins Connect Administrators Customer Service Representative.

Help Request

- Select Help Request
- If applicable, add the requested demographic information
- Select assistance regarding Benefits or a Technical Question
- Type your question in the box provided
- Then Click to Submit
- You will receive a confirmation email with an assigned ticket number and a response within two business days

The screenshot shows the "Help Request" form. It has a purple header bar with the text "Help Request". Below the header, there is a "Group Benefit Services" logo. The form has several fields: "Employee Name" (with a dropdown menu), "SSN" (with a dropdown menu), "Email Address" (with a dropdown menu), and "Daytime Phone Number" (with a dropdown menu). There is also a "My Question" field with a character limit of 256 characters. At the bottom, there is a "Click to Submit" button.

Document Library

This area is a Resource Center for employers to store detailed information regarding employer sponsored benefits, carrier information and forms for employees to complete HR or benefit documentation.

- Click on the document link to view the benefit summary or plan information



Employer Benefit Portal Features

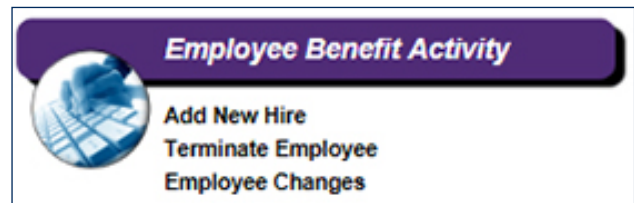
E. Employee Benefit Activity

Employee Benefit Activity provides the employer the option to perform various enrollment transactions.

Add New Hire—Employee elects benefits through Online Enrollment

Demographics Only—An employer may enter Demographic and Employment information only for a new hire and allow the employee to elect benefits.

- Enter social security number
- Select demographics
- Hit Next

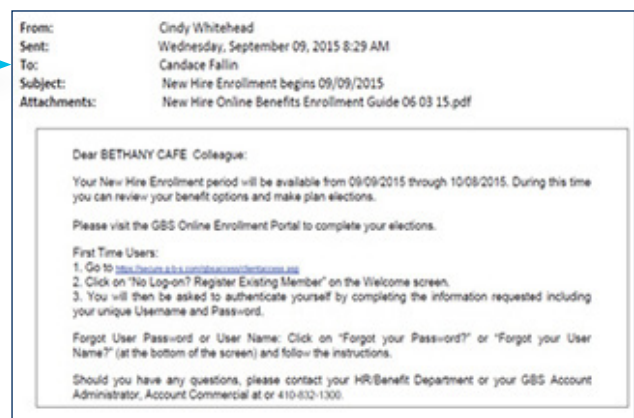
A screenshot of the 'Add New Employee' form. The form has a purple header with the text 'Add New Employee'. Below the header, there is a section for 'Please Enter a Valid Social Security Number'. The form includes fields for 'Social Security Number', 'New Employee', and 'Demographics'. There are 'Back' and 'Next' buttons at the bottom.

Complete the Personal Information page—

- Benefit class may differentiate benefit availability and / or payroll deductions
- When complete, hit Next to finalize

A screenshot of the 'Personal Information' form. The form has a purple header with the text 'Personal Information'. Below the header, there is a section for 'Please enter employee demographic information. Fields indicated with an asterisk (*) are required. Click "Next" to proceed.' The form includes fields for 'Name', 'Address', 'Social Security #', 'Email Address', 'Gender', 'Marital Status', 'Tobacco', 'Payroll Status', 'Job Title', 'Benefit Class', 'Cost Center', 'Annual Salary', 'Home Phone', 'Birth Date', 'Marriage Date', 'Race', 'Employee Status', 'Hire Date', 'Benefit Class Effective Date', and 'Salary Change Date'. There are 'Back' and 'Next' buttons at the bottom.

The new hire will receive an automated email notification, and link to Online Enrollment with instructions to complete their benefit elections. The employee may receive two additional emails alerting them if they have not elected their benefits.



Employer Benefit Portal Features

Add New Hire—Employer elects benefits on behalf of the employee through Online Enrollment

- Enter SSN
- Select Benefit Elections
- Hit Next

Complete the Personal Information page—

- Benefit class may differentiate benefit availability and / or payroll deductions
- When complete, hit Next to finalize

Performing Benefit Elections on Behalf of Employee—Medical, Dental and Vision

- All benefit options available to the employee will be shown on the left margin and the election process then progresses through each benefit election screen Step by Step
- All Company Paid benefit plans are automatically elected and appear with a GREEN check mark in the left margin

Employer Benefit Portal Features

Performing Benefit Elections on Behalf of Employee—Medical, Dental and Vision (Continued)

- Complete enrollment as follows:

1. Add dependents to be enrolled in each benefit plan

2. Review list of plan options—

- Click on up to three plan options to compare benefits

- Review the Side by Side Comparison

- Click on the Benefit Description above any plan option to display a detailed Summary of Benefits

- Employer cost and employee payroll deductions for each plan option (based on coverage level / dependents included in the plan) are displayed on the benefit election screen as well as the benefit comparison

Medical Plan Election

You and your dependents (if applicable) may enroll in your company's approved benefit program (refer to plans below). If you decline benefits, you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below for the dependents for which this coverage applies:

☐ Check here if you want to select all dependents

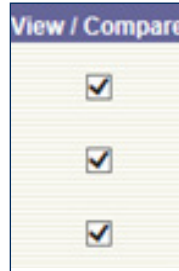
| Dependent | Relationship | Birth Date | Plan Enrolled | Status |
|------------------|--------------|------------|-----------------------------|--------|
| WILLIAM BETHWIST | Spouse | 02/01/1975 | Medical/Dental/Vision/Other | Active |
| DAUGHTER | Daughter | 11/10/2001 | Medical/Dental/Vision/Other | Active |
| DAUGHTER | Daughter | 01/04/2010 | Not Enrolled | Active |
| DAUGHTER | Daughter | 01/01/2015 | Not Enrolled | Active |

The monthly premiums shown below is a total for the employee and selected dependents (if applicable) cost:

Once you have made your plan selection, click the **ELECT** button next to the plan you wish to enroll in. Please make sure you have selected the dependents you wish to enroll (if applicable).

| SELECT | DECLINE | EFFECTIVE DATE | COVERAGE LEVEL | MONTHLY PREMIUM | MONTHLY EMPLOYER COST | MONTHLY EMPLOYEE COST | PER PAY DEDUCTION |
|-------------------------------------|--------------------------|----------------|----------------|-----------------|-----------------------|-----------------------|-------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 07/01/2016 | FAMILY | \$1,200.11 | \$1,200.11 | \$0.00 | \$0.00 |
| <input type="checkbox"/> | <input type="checkbox"/> | | FAMILY | \$1,200.11 | \$1,200.11 | \$0.00 | \$0.00 |
| <input type="checkbox"/> | <input type="checkbox"/> | | FAMILY | \$1,400.00 | \$1,400.00 | \$0.00 | \$0.00 |

View / Compare



Side-by-Side Comparison of Benefits
Coverage Level: **FAMILY**

Session ID: 888051058092026 Date: 08/17/2016 Time: 09:28 AM

Additional details may be obtained by reviewing your Summary of Benefits and Coverage.

| BENEFIT DESCRIPTION | BLUECHOICE HMO OPEN ACCESS (HRA/HSA) | BLUEPREFERRED HMO OPEN ACCESS (HRA/HSA) | BLUECHOICE HMO OPEN ACCESS (HRA/HSA) |
|---|---|---|---|
| TYPE OF PLAN | HEALTH MAINTENANCE ORGANIZATION (HMO) | PREFERRED PROVIDER ORGANIZATION (PPO) | HEALTH MAINTENANCE ORGANIZATION (HMO) |
| INDIVIDUAL IN-NETWORK DEDUCTIBLE | \$2,000 | \$2,000 | \$1,200 |
| INDIVIDUAL OUT-OF-NETWORK DEDUCTIBLE | N/A | \$4,000 | N/A |
| OFFICE VISIT CHARGES IN-NETWORK | NO CHARGE AFTER DEDUCTIBLE | NO CHARGE AFTER DEDUCTIBLE | \$10 PCP / \$20 SPECIALIST AFTER DEDUCTIBLE |
| OFFICE VISIT CHARGES OUT-OF-NETWORK | N/A | DEDUCTIBLE THEN 20% OF ALLOWED BENEFIT | N/A |
| PRESCRIPTION DRUG COVERAGE IN-NETWORK (RX DRUG DEDUCTIBLE) | INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE | INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE | INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE |
| GENERIC - PREPARED BRANDS - NON PREPARED BRANDS - SPECIALTY | \$0 - \$20 - \$40 - 10% UP TO MAXIMUM OF \$/5 | \$0 - \$20 - \$40 - 10% UP TO MAXIMUM OF \$/5 | \$0 - \$20 - \$40 - 10% UP TO MAXIMUM OF \$/5 |
| INDIVIDUAL IN-NETWORK OUT-OF-POCKET MAXIMUM | \$1,000 | \$4,000 | \$2,400 |
| INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET MAXIMUM | N/A | \$8,000 | N/A |
| TOTAL MONTHLY PREMIUM | \$1,200.11 | \$1,380.31 | \$1,400.00 |
| MONTHLY EMPLOYER COST | \$1,200.11 | \$1,380.31 | \$1,400.00 |
| MONTHLY EMPLOYEE COST | \$0.00 | \$0.00 | \$0.00 |
| PER PAY DEDUCTION | \$0.00 | \$0.00 | \$0.00 |

Close

BlueChoice HMO Open Access • HRA/HSA

Summary of Benefits

| Services | In-Network You Pay* |
|---|--|
| BLUE REWARDS | Visit www.bluechoice.com/bluechoice to locate providers |
| Visit www.bluechoice.com/bluechoice for more information | Blue Rewards is an incentive program where you can earn up to \$500 per adult and \$250 per family for taking an active role in getting healthy and staying healthy. |
| ANNUAL DEDUCTIBLE (BENEFIT PERIOD) | |
| Individual | \$2,000 |
| Family | \$4,000 |
| ANNUAL OUT-OF-POCKET MAXIMUM (BENEFIT PERIOD) | |
| Medical | \$2,400 Individual / \$4,800 Family |
| Prescription Drug | Combined with in-network medical out-of-pocket maximum |
| LIFETIME MAXIMUM BENEFIT | |
| Lifetime Maximum | None |

Employer Benefit Portal Features

Performing Benefit Elections on Behalf of Employee—Medical, Dental and Vision (Continued)

3. Select a plan option and click Search for a Provider to confirm physician participation in the selected plan option
4. Elect the plan option for this coverage type OR Decline
5. Hit Next

Note: As you proceed to the next benefit option, you will note that your decision regarding the election or decline of the prior plan is noted in the left margin. Listed dependents will carry over to each plan option to allow for coverage election.

Reviewing Benefit Elections—Company Paid Group Life, AD&D, STD and LTD

- Details regarding the benefit level will be displayed
- Proceed to the next screen to enter beneficiary information
- Then click NEXT to finalize

Employer Benefit Portal Features

Performing Benefit Elections on Behalf of Employee–Voluntary Employee and Dependent Life, AD&D and Employee STD and LTD

When a single plan option / coverage level is available, complete enrollment as follows:

1. Review the coverage level and cost associated with your plan option
2. Select Elect or Decline
3. Proceed to the next screen and enter the beneficiary information

When a range of coverage is available, complete enrollment as follows:

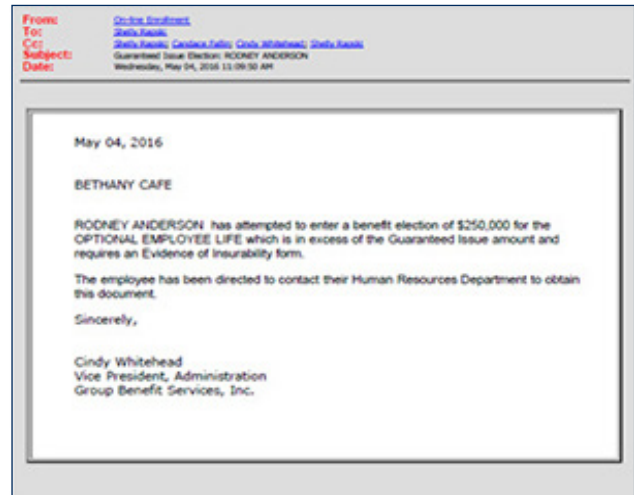
1. Review the plan screen to determine the benefit levels available for election. Information is provided regarding minimum and maximum coverage as well as Guaranteed Issue amounts
2. Elect the plan option for this coverage type OR Decline
3. Enter the benefit amount you wish to purchase, hit Calculate Cost, and review the monthly employee cost. Amounts elected over Guaranteed Issue will require completion of Evidence of Insurability and are subject to carrier approval
4. Employees will receive a message that amounts above Guaranteed Issue will require EOI and they are asked to contact their HR department for assistance in applying for additional coverage

Employer Benefit Portal Features

Performing Benefit Elections on Behalf

of Employee–Voluntary Employee and Dependent Life, AD&D and Employee STD and LTD
(Continued)

- Employers will receive an email alerting them that the employee has attempted to enroll for an amount requiring EOI
- Enrollment will be completed for the amount up to Guaranteed Issue
- You may make changes or hit Next to finalize
- Proceed to the next screen and enter the beneficiary information. Please bear in mind that Spousal or Dependent coverage may warrant a change in the carried over beneficiary information



Performing Benefit Elections on Behalf

of Employees–FSA Medical, Dependent Care, Premium Reimbursement and Parking/Transit

Complete enrollment as follows:

- Review the plan screen to determine the maximum plan year contribution
- Elect the plan option for this coverage type OR Decline
- Enter either the per pay contribution amount in the Yearly Contribution Calculator or enter the Total Contribution Amount for the Plan Year to calculate the per pay deduction. You can view the deductions calendar by clicking on the highlighted deduction count.
- Hit “Select this calculation” in the calculator where an election amount has been entered.
- Calculated amounts Per Pay and per plan year will display.
- If amounts shown are acceptable, hit Next to finalize.

Dependent Care FSA

You may enroll in your company sponsored benefits program. If you do not elect, you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below all the dependents for which this coverage applies.

☐ Check here if you would like to select all dependents

| Relationship | Birth Date | Plans Enrolled | Status |
|--------------|------------|-----------------|--------|
| JOHN TYLER | 01/28/2010 | Depend Care FSA | Active |

☐ ELECT ☐ DECLINE EFFECTIVE DATE: 03/01/2017 PAYROLL DEDUCTION FREQUENCY: SEM-MONTHLY

| Elect | Contrib | Plan Name | Annual Contribution | Per Pay Deductions |
|-----------------------|--------------|--------------------|---------------------|--------------------|
| <input type="radio"/> | TEST CARRIER | DEPENDENT CARE FSA | | \$0.00 |

You can contribute up to \$ 5000.00 per year. Based on the plan year, you have **8 DEDUCTIONS** remaining.

Yearly Contribution Calculator

Per Pay Amount:

Deductions Remaining:

Plan Year Contribution:

OR

Per Pay Calculator

Plan Year Contribution Amount:

Deductions Remaining:

Pay Period Contribution:

Employer Benefit Portal Features

F. Employee Changes

Employee Changes provides ability to make changes to employee demographics and employment information. Employers are presented with a list of existing employees to select for change.

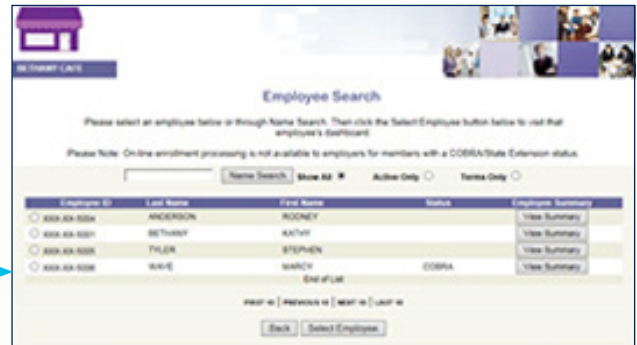
1. Select employee and move to Employee Benefit Portal to make elections on behalf of the employee.
2. Select the type of change to be made.
 - Open Enrollment benefit change
 - Mid-Year Life Event benefit change
 - Employee or Dependent Demographic change

Open Enrollment Benefit Election–

Refer to the Add New Hire Benefit Elections for step by step processing of Open Enrollment election.

Mid-Year Life Event Benefit Election–

- Enter the Mid-Year Life Event date
- Select the type of Mid-Year Life Event and hit Continue



Employee Search

Please select an employee below or through Name Search. Then click the Select Employee button below to visit that employee's dashboard.

Please Note: On-line enrollment processing is not available to employers for members with a COBRA/State Extension status.

Name Search: Show All Active Only Terms Only

| Employee ID | Last Name | First Name | Status | Employee Summary |
|-------------|-----------|------------|--------|------------------------------|
| 888-88-8884 | ANDERSON | RODNEY | | View Summary |
| 888-88-8881 | BETHANY | KATHY | | View Summary |
| 888-88-8888 | TYLER | STEPHEN | | View Summary |
| 888-88-8888 | WILLIE | WALTER | COBRA | View Summary |

First is [ANDERSON] Last is [WALTER]

[Back](#) [Select Employee](#)



Welcome to your Employee Benefit Portal

Message Center

Open Enrollment Messages

• 08/08/2018 - 09/09/2018

• There are 10 days remaining to open enrollment.

Active dependent RYAN BETHANY is missing coverage.

Active dependent TERRY BETHANY is missing coverage.

Employee Profile

Personal Information

Designate Beneficiaries

Primary Care Provider

Coordination Of Benefits

Medicare / Handicapped Status

My Benefits

[View Benefit Summary](#)

[Online Enrollment History](#)

Dependent Profile

Personal Information

Coordination Of Benefits

Medicare / Handicapped Status

Primary Care Provider

Employee Benefit Activity

[Open Enrollment](#)

[Mid-Year Life Events](#)

Resource / Library

[Help Request](#)

[Document Library](#)

[Return to Employee Search](#)



Mid-Year Life Event Changes

Select the Event Date and applicable Mid-Year Life Event below to proceed with your enrollment changes.

Enter Event Date: 08/10/2018

☐ Birth / Adoption

☒ Marriage

☐ Add dependent to benefits

☐ Terminate current benefits

☐ Change in Employment Status

☐ Change in Spouse's Employment Coverage

☐ Court Order Judgment

☐ Dependent Turning Age Student Status Changed

☐ Dependent Loss of Life

☐ Divorced Status

☐ Employee Resignation (Outside of Service Area)

☐ Medicare/Medicaid Eligible

[Return to Dashboard](#) [Continue](#)

Employer Benefit Portal Features

Mid-Year Life Event Benefit Election (Continued)–

- You will see a listing of plans (highlighted) as eligible for change based on the type of Mid-Year Life Event
- Hit Continue
- Proceed with the enrollment changes to any eligible plan, by following the step by step process for the benefit types outlined under Add New Hire Benefit Election

Mid-Year Life Event Changes

The plans highlighted below are eligible for change based on your Mid-Year Life Event.

| Event Date | Event Type | Event Date | Event Type |
|------------|------------|------------|------------|
| 01/01/2018 | Marriage | | |

| Event Date | Event Type | Event Date | Event Type |
|------------|------------|------------|------------|
| 01/01/2018 | Marriage | | |

Selected Plans:

- SE-HMOCA-HCA-COMP-OPD-200000
- HEALTH-REIMBURSEMENT-ARRANGEMENT (HRA)
- DELTA DENTAL PPO-PLUS-PREMIER-ACTIVE
- BLUE-CROSS-PLUS-OPD-5000
- WOL-PLUS-100L-\$200.00MM-ALL-EE-S
- WOL-ACED-100L-\$200.00MM-ALL-EE-S
- WOL-STD-STD-100L-\$200.00MM-ALL-EE-S
- WOL-STD-STD-100L-\$200.00MM-ALL-EE-S

Current Coverage:

- FAMILY
- FAMILY
- FAMILY
- \$10,000
- \$10,000
- \$10,000
- \$10,000

Buttons: [Return Selection] [Continue]

Employee and Dependent Demographic Changes–

Changes to Personal Information, Beneficiaries, Coordination of Benefits and Medicare/ Handicapped Status may be processed on behalf of the employee.

- Select the option for change
- Follow screen instructions and update information as required
- Hit Next and Confirm to complete the transaction

Employee Profile

- Personal Information
- Designate Beneficiaries
- Primary Care Provider
- Coordination Of Benefits
- Medicare / Handicapped Status

G. Terminate Employees

Terminate Employees is used for indicating the reason for employee termination and confirmation of the benefit termination date.

- Select the Terminate Employee option

Welcome to your Employee Benefit Portal

Select options below to manage your personal and benefit information any time - day or night.

- Message Center**
 - Open Enrollment Messages
 - 04/01/2018 - 04/01/2018
 - There are 10 days remaining in Open Enrollment.
- Account Profile**
 - Account Demographic Information
 - Plan Summary And Rate Information
 - Plan Eligibility Rules
- Forms and Reporting**
 - Online Enrollment Reports
 - Online Enrollment History
- Employee Benefit Activity**
 - Add New Hire
 - Terminate Employee
 - Employee Changes
- Resource / Library**
 - Help Request
 - Document Library

Employer Benefit Portal Features

G. Terminate Employees (continued)

- Employers are presented with a list of existing employees to select for termination.
- Select the employee
- Hit Terminate Employee

The screenshot shows the 'Terminate Employee' page. At the top, there is a header with the company logo and navigation links. Below the header, the title 'Terminate Employee' is displayed. A message states: 'Please select an employee below or through Name Search. Then click the Terminate Employee button below. (need test)'. There is a 'Name Search' input field. Below this is a table with columns: Employee ID, Last Name, First Name, Status, and Employee Summary. The table lists five employees: ROONEY, KATHY, JOEL, STEPHEN, and WARCY. Each row has a radio button in the Employee ID column and a 'View Summary' link in the Employee Summary column. Below the table, there are navigation links: 'FIRST 10', 'PREVIOUS 10', 'NEXT 10', and 'LAST 10'. At the bottom right, there is a 'Terminate Employee' button. Blue arrows from the list items point to the 'View Summary' link and the 'Terminate Employee' button.

| Employee ID | Last Name | First Name | Status | Employee Summary |
|-----------------------------------|-----------|------------|--------|------------------------------|
| <input type="radio"/> XXX-JA-5554 | ANDERSON | ROONEY | | View Summary |
| <input type="radio"/> XXX-JA-5521 | BETHANY | KATHY | | View Summary |
| <input type="radio"/> XXX-JA-5577 | RYAN | JOEL | | View Summary |
| <input type="radio"/> XXX-JA-5555 | TYLER | STEPHEN | | View Summary |
| <input type="radio"/> XXX-JA-5558 | WARCY | | COBRA | View Summary |

- Enter the employment termination date (last day of employment)
- Enter the benefit termination date and reason
- Verify the accuracy of the employee address for extension notification and carrier conversion options
- Hit Continue then Confirm to complete the transaction

The screenshot shows the 'Terminate Employee' page with a confirmation message. The message states: 'Your request to terminate your employee from the plan has been successfully submitted as displayed below. Your confirmation will result in the termination of the employee and benefit cancellation for the employee and all dependents as of the effective date shown below. CLICK "CONFIRM" to complete the termination OR CLICK "CONFIRM/REVIEW" to complete the termination and print the transaction for your records. If you need to make any corrections to the transaction as displayed please click "BACK" make necessary changes, and follow the instructions to confirm the updated transaction.' Below the message, there is a session ID and date/time: 'Session ID: 88821000025546 Date: 25/12/2016 Time: 12:13 PM'. There is a 'Please Enter & Valid Date required' section with the following fields: 'Employment Term Date' (25/12/2016), 'Benefit Term Date' (25/12/2016), 'Term Reason' (TERMINATION), 'Employee' (KATHY), and 'Verify Address' (614 ENGAGE STREET). At the bottom, there are 'Back' and 'Confirm' buttons.

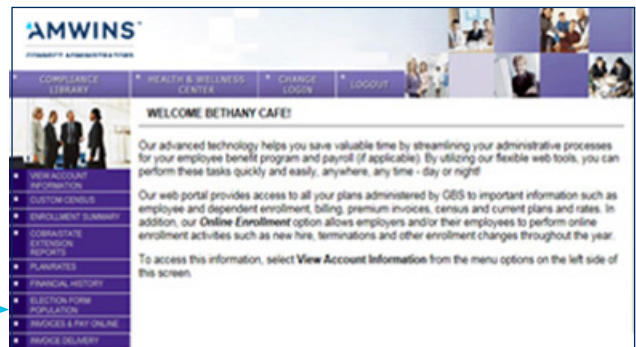
Employer Benefit Portal Features

H. COBRA/State Extension (Optional Services)

If you have elected Amwins Connect Administrators extension services, a report of Qualifying Event letters and active extension participants is available to you.

- The left margin of options under Amwins View will offer you COBRA/State Extension Reports
- Select this option for the following report

- Enter a date range for a listing of letters or active extendees



Employer Benefit Portal Features

H. COBRA/State Extension (Optional Services) (Continued)

Choose a pdf or excel report format

| ACTIVE COBRA MEMBERS BETHANY CAFE 7/1/2016 - 7/1/2016 | | | | | | | | | |
|---|------------|----------------|----------------|--|--|--|--|--|--|
| DATE | NAME | COBRA EFF DATE | COBRA EXP DATE | COBRA PLAN | COBRA PLAN | COBRA PLAN | COBRA PLAN | COBRA PLAN | COBRA PLAN |
| 7/1/2016 | MARCY WAVE | 8/1/2016 | 8/1/2017 | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL |
| | | | | BC HMOA HSA COMP OPT2 BCP 250000 | BC HMOA HSA COMP OPT2 250000 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 |
| | JOE SMITH | 11/1/2015 | 11/1/2017 | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL |
| | | | | BP HSA COMP OPT2 15000(PN) 20000 (OPT) | BP HSA COMP OPT2 15000(PN) 20000 (OPT) | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 |
| | NATE DOE | 1/16/2016 | 7/16/2017 | FAMILY | FAMILY | FAMILY | FAMILY | FAMILY | FAMILY |
| | | | | HSA MONTHLY FUND AMOUNT - N/A | BC HMOA HSA COMP OPT2 250000 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 |

| ACTIVE COBRA MEMBERS BETHANY CAFE 8/1/2016 - 8/1/2016 | | | | | | | | | |
|---|------------|----------------|----------------|--|------------------------------------|--|--|--|--|
| DATE | NAME | COBRA EFF DATE | COBRA EXP DATE | COBRA PLAN | COBRA PLAN | COBRA PLAN | COBRA PLAN | COBRA PLAN | COBRA PLAN |
| 8/1/2016 | MARCY WAVE | 8/1/2016 | 8/1/2017 | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL |
| | | | | BC HMOA HSA COMP OPT2 BCP 250000 | BC HMOA HSA COMP OPT2 250000 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 |
| 8/1/2016 | MARCY WAVE | 8/1/2016 | 8/1/2017 | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL | INDIVIDUAL |
| | | | | BC HMOA HSA COMP OPT2 BCP 250000 | BC HMOA HSA COMP OPT2 250000 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 | DELTA DENTAL PRO PLUS PREMIER OPT1 50-12 |

If you are handling COBRA/State Extension services internally:

- Following the employee termination, a qualifying event letter will be presented for printing and mailing.
- Please note that the demographic information and termination dates are reflected in the letter on the basis of your termination transaction.
- As the employer handling the extension services, you must monitor the period of time to elect to extend benefits and receipt of signed election and payment of premium.
- Please notify Amwins Connect Administrators of reinstatement as we will process and restore the active status of the COBRA/State Extension member based on your instructions.

TERMINATE EMPLOYEE

To assist you in providing the required Qualifying Event Notification to terminated employees and dependents, GBS has provided you with the option to print either Federal or State notices and election forms. Based on your group size, please select and print the appropriate letter below. Please retain a copy of the letter for your records. Please be aware that this correspondence reflects our interpretation of current Federal and State legislation.

Before printing Qualifying Event Notice, you may obtain additional COBRA or MD State Extension information via website links by clicking the underlined notice below. When connecting to the MD State Extension legislation site, enter the following selection 31.11.01*, and select SEARCH. When connecting to the Department of Labor site, select the COBRA model notice. We advise you to consult your own legal counsel for answers or information relevant to your specific needs.

If you do not wish to print a qualifying event notice, please select BYPASS PRINT below:

Print Form Selection for Employee Termination

☐ MARYLAND STATE EXTENSION QUALIFYING EVENT NOTICE

☐ DEPARTMENT OF LABOR SITE-SELECT COBRA MODEL ELECTION NOTICE

☐ Bypass Print

ExtPrint

LEE HARPER, spouse and all eligible dependents
143 JEFFERSON ROAD
LUTHERVILLE, MD 21093

Re: BETHANY CAFE
Group Health Insurance Continuation Privilege

Dear LEE HARPER:

Effective midnight 05/10/2016, you will no longer be covered under the above employer's group health insurance program. Under Maryland State Law, you may have the right to obtain a temporary extension of your group health insurance coverage, at your own expense, if you are a Maryland resident and have been covered under the group plan for at least three months. This notice outlines your Maryland Extension rights as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. To exercise your option to continue coverage, you must complete and return the election form to the noted employer. It must be postmarked no later than 07/03/2016 or your right to continue coverage will end.

Electing Coverage Promptly:

DURING YOUR COBRA ELECTION PERIOD, BENEFITS ARE NOT AVAILABLE TO YOU. Therefore, any access to care or claims submitted will be denied. Following receipt of your election form and any applicable premium (as described in the following paragraph), your benefits will be reinstated retroactively to your date of termination and claims may be submitted for payment in accordance with your benefit plan.

Initial Premium Payment Amount, Deadline, Processing Time:



CONNECT ADMINISTRATORS