

Ease Online Enrollment Setup Request

Section 1: General Profile

Legal Name of Company:	
Trading as:	Group Effective Date:

Is this a current account with Amwins Connect Administrators? ☐ YES ☐ NO

YES? – Amwins Connect Administrators Account Number:

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

☐ Corporation
 ☐ Partnership
 ☐ C-Corp
 ☐ S-Corp
 ☐ Sole Proprietorship
 ☐ Other _____

Section 2: Access

Company Admin(s):	Name:	Email:	Phone:
Company Admin(s):	Name:	Email:	Phone:
Benefits Signatory:	Name:	Email:	Phone:

Section 3: Organization: Classes/Divisions/Departments

If benefits are eligible based on Job Classes, Divisions, Departments or Locations, please enter that information below

Job Classes	Divisions (Cost Center)	Departments	Locations:

Section 4: Employees

Download and complete the census template in the following link:

Section 5: Benefits: Medical Plan Information (Please check off the base plan if applicable)

Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Base Plan	Pay Freq
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

Section 5a: Benefits: Ancillary Products							
Dental Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Base Plan	Pay Freq
						<input type="checkbox"/>	
						<input type="checkbox"/>	
Vision Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Base Plan	Pay Freq
						<input type="checkbox"/>	
						<input type="checkbox"/>	
Life/AD&D Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid	Pay Freq
STD Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid	Pay Freq
LTD Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid	Pay Freq
Hospital Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid	Pay Freq
Accident Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid	Pay Freq
Critical Illness Carrier	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid	Pay Freq
FSA Carrier	Plan		Amount		EE Contribution:		Pay Freq
HRA Carrier	Plan		ER Contribution				Pay Freq
HSA Carrier	Plan		EE Contribution:				Pay Freq

Link to the CMS Rating Area: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/md-gra>

Section 5b: Benefits: Eligibility & Waiting Periods		
# 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.

**If multiple waiting periods by job classes, please note in section 3

MEDICAL Waiting Period:
DENTAL Waiting Period:
VISION Waiting Period:
LIFE AD&D Waiting Period:
STD Waiting Period:
LTD Waiting Period:
() Waiting Period:
() Waiting Period:

Do you offer coverage to:

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

Section 6: Open Enrollment

Indicate Open Enrollment Start and End dates

Carrier	Start:	End:
Carrier	Start:	End:

Section 7: Documents

Indicate if you would like to add Documents for all employees. Documents could include Employee Handbook, Employee Benefit Manual, Company Holiday Schedule, etc.

Section 8: Branding

Custom URL:

Header Image: Please upload a copy of your company logo

Background Image: Indicate what the background image of your portal should be:

SPECIAL NOTES AND REQUESTS: Please use this section to include any special instructions such as multiple effective dates, additional vendors and products

Please include the following:

- ☐ Rates and Benefit Summaries for all plans/products – Do you want to show rates to Employees ☐ YES ☐ NO
- ☐ Payroll Deductions – Do you want to show deductions to Employees ☐ YES ☐ NO
- ☐ Life Product Contracts (Life/AD&D, STD, LTD, Voluntary Life, Voluntary STD, Voluntary LTD)
- ☐ Documents for Employees to Review (such as Benefit Booklets)

AGREEMENT

- (a) All information entered into EASE by the Broker/Agency, Employer or their authorized users will be the responsibility of the Broker/Agency or Employer. Amwins Connect Administrators will not be held responsible for the accuracy of this information.
- (b) Amwins Connect Administrators will not accept paper election forms. All member/dependent transactions must be completed in EASE as the system of record by the authorized users.
- (c) Additional documentation requirements (such as full-time student verification, divorce/marriage documentation, loss of coverage certificate, etc.) must accompany the election to complete processing when required.
- (d) All enrollment activity entered by the Broker/Agency and/or Employer into EASE will be reviewed by Amwins Connect Administrators to confirm eligibility requirements have been met. Final approval of all enrollment and retroactive transactions are subject to carrier approval and guidelines.
- (e) In order to comply with the insurance carriers audit requirements, Broker/Agency and/or Employer must maintain the original employee signed election forms and be able to forward to Amwins Connect Administrators within 48 hours of request, if required through an insurance carrier audit. Retention of the employee signed election forms is required for a period of seven years regardless of eligibility status (active or terminated).
- (f) The Broker/Agency and/or Employer is responsible for notifying Amwins Connect Administrators immediately, in writing, if Access Authorization changes are made.

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

Section 9A: Company Official Signature

Name (printed):

Title:

Signature:

Date:

Section 9B: Broker Signature

Name (printed):

Title:

Signature:

Date: