AMWINS™
CONNECT ADMINISTRATORS

Ease Online Enrollment Setup Request   ☐ New ☐ Renewal

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

Group Size: 2 -50   50+

Physical Address:

City: State: ZIP:

Type of Business: SIC: Tax ID:

☐ Corporation ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ Sole Proprietorship ☐ Other_____

Section 2: Access

☐ **Renewal - No Change**

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

Section 3: Organization: Classes/Divisions/Departments

☐ **Renewal - No Change**

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 3a: Pay Frequency: Number of payroll deductions

☐ **Renewal - No Change**
☐ **Weekly**   ☐ **Bi-Weekly**   ☐ **Semi-Monthly**   ☐ **Monthly**   ☐ **Annually**
If multiple pay cycles based on classes or divisions, please note specify: ☐ **Multiple Pay Cycles NOTES:**

Section 3b: Optional Fields: Fields you want your employees to see and complete

☐ Job Title	☐ Marital Location	☐ Medicare	☐ Waive Reason Details
☐ County	☐ Tobacco User	☐ Employer Contributions	☐ Current Elections during OE
☐ Disability	☐ SSN	☐ Beneficiaries	☐ Multi-Carrier Medical Waiver Form
☐ Language	☐ Health Information	☐ Waive Dependents Not Entered	
☐ Marital Date	☐ Previous & Current Coverage	☐ Waive Reasons	

Section 4: Employees

Review and/or complete the attached census template

Section 5: Benefits: Plan Information

☐ **Renewal - No Change. If any benefit or contribution changes, please note below.**

Medical Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Base Plan
						☐
						☐
						☐
						☐

☐ **Administered**   ☐ **Non-Administered**

Dental Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Base Plan
						☐
						☐

☐ **Administered**   ☐ **Non-Administered**

Vision Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Base Plan
						☐
						☐

☐ **Administered**   ☐ **Non-Administered**

Life/AD&D Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid
		███				
		███				

☐ **Administered**   ☐ **Non-Administered**

STD Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid
		███				
		███				

☐ **Administered**   ☐ **Non-Administered**

LTD Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid
		███				
		███				

☐ **Administered**   ☐ **Non-Administered**

Hospital Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid
		███				
		███				

☐ **Administered**   ☐ **Non-Administered**

Accident Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid
		███				
		███				

☐ **Administered**   ☐ **Non-Administered**

Critical Illness Carrier / Policy #	Plan	Rate Area	ER Contr. EE	ER Contr. Sp	ER Contr. Dep	Vol/ER Paid

☐ **Administered**   ☐ **Non-Administered**

FSA Carrier	Plan	Amount	EE Contribution:

☐ **Administered**   ☐ **Non-Administered**

HRA Carrier	Plan	Funding Amounts:

☐ **Administered**   ☐ **Non-Administered**

HSA Carrier	Plan	EE Contribution:
		ER Contribution:

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

This section for Amwins Connect Administrators Use Only:	
☐ **Payroll Integrations**	Vendor:
☐ **Ease Connect +**	Carrier:
☐ **Ease Connect**	Carrier:
☐ **Third Party Administrators**	Vendor:

Section 5b: Benefits: Eligibility & Waiting Periods

☐ **Renewal - No Change**

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

Waiting Period for NEW employees: ☐ Same waiting period for all plans*   ☐ Multiple waiting periods**
Waiting Period for REHIRED employees: ☐ Same waiting period for all plans*   ☐ 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 ☐ NO ☐	Seasonal employees?	YES ☐ NO ☐
Retirees?	YES ☐ NO ☐	Employees with other coverage?	YES ☐ NO ☐
Domestic Partners – Same Sex	YES ☐ NO ☐	Domestic Partners – Opposite Sex	YES ☐ NO ☐

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

☐ **Renewal - No Change**

Custom URL: .ease.com

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) – List in section 7

Section 9: COBRA / Maryland State Continuation

☐ Option 1: Amwins Connect Administrators **Full Service** – Broker/Employer will not process COBRA in EASE. Amwins Connect Administrators will handle all COBRA directly and manage employee extension time for all benefits administered by Amwins Connect Administrators.

☐ Option 2: **NO COBRA** - Group issues the letter to the termed employee at the time of termination. Employer terms employee in EASE and termination is sent to Amwins Connect Administrators via form/file feed (allow 1 day). If the employee submits the signed COBRA election form, the Employer changes employee status to COBRA. The COBRA employee can elect the COBRA eligible plan through Ease. COBRA election will be sent to Amwins Connect Administrators via file feed. The employer handles the collection of funds and manages employee extension time.

COBRA Vendor: _____

Section 10: 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, Evidence of Insurability, 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 10A: Company Official Signature

Name (printed):

Title:

Signature:

Date:

Section 10B: Broker Signature

Name (printed):

Title:

Signature:

Date: