

Online Enrollment Request Form

Broker/Agent: _____ Amwins GA? Yes No

Group Information New Group /Renewal – Renew as is? Yes No

Group Name: _____ Company Administrator: _____

Group Address: _____ City: _____ State: _____ Zip: _____

Tax ID: _____ Date Established: _____ SIC: _____ Nature of Business: _____

Entity Type (Corp., LLC, etc.): _____ Company Website: _____

Pay Cycle: Monthly (12) Semi-Monthly (24) Bi-Weekly (26) Weekly (52) Other: _____

Waiting Period: _____ Waive WP for Initial Enrollment? Yes No

Open Enrollment Start Date: _____ Open Enrollment End Date: _____

Locations: _____

Job Classes: _____

Departments: _____

Divisions: _____

Please provide the applicable documents with your request:

- Sold Proposals
- Ancillary benefit summaries
- Group Renewals
- Census

Plan Information

Medical – Effective Date: _____ Rating Area: _____

Carrier: _____ Base Plan?

Plan 1: _____ ER Contribution: EE _____ DEP: _____

Plan 2: _____ ER Contribution: EE _____ DEP: _____

Plan 3: _____ ER Contribution: EE _____ DEP: _____

Plan 4: _____ ER Contribution: EE _____ DEP: _____

Plan 5: _____ ER Contribution: EE _____ DEP: _____

Carrier: _____ Base Plan?

Plan 1: _____ ER Contribution: EE _____ DEP: _____

Plan 2: _____ ER Contribution: EE _____ DEP: _____

Plan 3: _____ ER Contribution: EE _____ DEP: _____

Plan 4: _____ ER Contribution: EE _____ DEP: _____

Plan 5: _____ ER Contribution: EE _____ DEP: _____

Dental – Effective Date: _____ Base Plan?

Carrier: _____

Plan 1: _____ ER Contribution: EE _____ DEP: _____

Plan 2: _____ ER Contribution: EE _____ DEP: _____

Vision – Effective Date: _____

Carrier: _____

Base Plan?

Plan 1: _____

ER Contribution: EE ____ DEP: ____

Plan 2: _____

ER Contribution: EE ____ DEP: ____

Group Life/AD&D – Effective Date: _____

Carrier: _____

Plan 1: _____

ER Contribution: EE ____ DEP: ____

Additional Plans/Lines of Coverage (LTD, STD, Vol Life/AD&D, ETC.) – Effective Date: _____

Plan 1: _____

ER Contribution: EE ____ DEP: ____

Plan 2: _____

ER Contribution: EE ____ DEP: ____

Plan 3: _____

ER Contribution: EE ____ DEP: ____

Plan 4: _____

ER Contribution: EE ____ DEP: ____

Plan 5: _____

ER Contribution: EE ____ DEP: ____

Plan 6: _____

ER Contribution: EE ____ DEP: ____

Spending Accounts (HSA/FSA/Parking/Transit) – Effective Date: _____

HSA: _____

ER Contribution: EE ____ EE+DEP: ____

FSA Healthcare: _____

ER Contribution: EE ____ EE+DEP: ____

Limited FSA: _____

ER Contribution: EE ____ EE+DEP: ____

FSA Dependent Care: _____

ER Contribution: EE ____

HRA: _____

ER Contribution: EE ____ EE+DEP: ____

Parking: _____

ER Contribution: EE ____

Transit: _____

ER Contribution: EE ____

Pay Dates – Please provide the next 2 pay dates for the group (example: 1/15 and last day): _____ and _____

Composite Rates

Plan: _____ Plan: _____ Plan: _____ Plan: _____ Plan: _____

EE: ____ EE: ____ EE: ____ EE: ____ EE: ____

ES: ____ ES: ____ ES: ____ ES: ____ ES: ____

EC: ____ EC: ____ EC: ____ EC: ____ EC: ____

EF: ____ EF: ____ EF: ____ EF: ____ EF: ____

Notes – Please include any special enrollment or group instructions.

*For Mid-Atlantic, please advise which lines of coverage are administered by Amwins.

Please work with your sales team in obtaining all information needed to submit your request to the Online Enrollment team. Our standard turnaround time is **2 days** after receiving all documents.