

A1. E.D.I.S. AGENT AUTHORIZATION

This form should be completed by the broker of record (BOR) for the enrolling group.

		Effective Date: _____	
CONTACT & AGENCY INFO			
Agent Name:		Agency Name	
Contact Person:		Phone #	
Email		Broker Tax ID	
Address			
City		State	Zip
Commission – (Fees are in addition to the E.D.I.S. Fee)			
Agent Fee HRA/MERP Product	☐ Standard \$10 pepm ☐ Other:		
HRA/MERP Commission Paid to:	☐ Agent ☐ Agency		
Agent Fee Self-Funded Dental	☐ None ☐ Other (pepm):	Commission paid to:	☐ Agent ☐ Agency
Agent Fee Self-Funded Vision	☐ None ☐ Other (pepm):	Commission paid to:	☐ Agent ☐ Agency
General Agent (GA) used for the above employer:	☐ None ☐ GA Name:		
If group is adding self-funded ancillary products, please complete attachment "F3 Agent Certification".			

THE FOLLOWING ITEMS ARE NEEDED TO PROCESS YOUR NEW OR RENEWING SECTION 105 GROUP*:

- A. Group Information Form
- B. Employee Applications or roster enrollment applicable to the product being sold
- C. Prior Carrier Bill (for medical)
- D. Employer Benefit Authorization (for medical)
- E. Deposit Check made payable to E.D.I.S., or void check if electing Standard Funding (for medical)
- F. Set Up Fee if new
- G. Carrier Approval Letter once group is approved (for medical)
- H. For any groups electing claims run-in, please submit claims history

*General rule of thumb is to send us copies of everything submitted to the carrier so we can ensure non-discrimination and be sure that our records match the carrier records. If the carrier is not requiring a form noted above, please let us know.

By signing below, you are authorizing E.D.I.S. to administer the benefits requested on behalf of our mutual client for the fees stated above, and you are agreeing to the following:

- Agent commission cannot be paid until the Administration Fee has been paid by the employer
- Commission will be paid at the end of the month following the month for which administration payment was received.

Please complete all the requested information before signing this authorization. Please initial any changes. This is an application only; coverage and issuance of an Administrative Agreement is subject to review and approval by E.D.I.S.

Agent Signature

Date