

Intake Form

Please complete all applicable fields. Use the "Medical Plan Notes" section to provide information such as different contribution classes or special instructions.

Census

Complete separate [Employee Navigator census](#). **Hire Dates and Birth Dates are required. Compensation data is required for Salary-Based Plans.** For renewal groups in EN, please confirm census within EN is accurate.

Process

Please send below information to accountmanagement@wordandbrown.com

- ☐ Completed Intake Form (Additional intake form is required for previous enrollments)
- ☐ Company logo in JPG and/or PNG format.
- ☐ Medical: Quote/Renewal with Member Level Worksheets, Monthly gross rate tables for all plans offered.
 - ☐ Include SBC for Large Groups only
- ☐ Ancillary: Monthly gross rates and benefit summary. Please include SDBC (Dental Summary of Benefits & Coverage) for all dental plans.
- ☐ First pay date of the Calendar Year
- ☐ [Employee Navigator Census](#)
 - **Employee and Dependent Census Tab** – New groups added to Employee Navigator, with no previous enrollments.
 - Social Security #s, ZIP Codes, Birth Dates, and Hire Dates are required.
 - Compensation Amounts and Types are required when benefits offered, require this information (i.e. Voluntary life, Long Term Disability, Short Term Disability, etc.).
 - **Basic Enrollment Census Tab** – Existing Clients – for new groups added to Employee Navigator, but asking to load previous enrollments. There are multiple census for Life, LTD, STD enrollments.
 - List each plan name in the plan name column (see example). For life, LTD, STD please include the amount requested.
 - A separate intake form will be required for previous enrollment set-ups and will require additional time to process these requests.
 - **Renewing groups in Employee Navigator** – No Census is needed. Confirm with the group that the census is up to date. Any changes to the census should be updated in Employee Navigator by the Broker and/or HR User. If group is moving to a new carrier, please include plan mapping instructions if you would like us to push prior enrollments.

Document Library

We include Enrollment Guide (ENG/SPN), in document library section. You can add additional documents anytime.

****An Account Manager will reach out for any additional information needed. The set up process includes a quality check. Once approved by the broker, group admin training will be coordinated if requested****

For groups renewing as-is, it is the broker's responsibility to review. Word & Brown is not liable for any errors or discrepancies.

Agency Information

Agency Name: _____

Agent Name: _____ Agency Contact Name/Email: _____

Group Information

Group Name: _____ Group Website: _____

Word & Brown Quote #: _____ Case Type: New to EN: Existing Business Renewing on EN

Market Segment: Small Group Large Group New to EN: New Business

Completion Request Date: _____ Group Address: _____

HR User: _____ HR User Email: _____

Additional HR Users: _____

Login Support contact name and phone number: _____

Schedule HR User Training: Yes No Who will process carrier changes?: Broker Office HR User

SIC Code: _____

First Pay Date of the Calendar Year _____

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

Other: _____

Rating Area: _____ Out of State Employees: Yes No

Job Classes: Yes No If Yes: _____
Include Job Classification on Census.

Are part-time (20 hours) employees eligible for Benefits? Yes No

If yes, confirm Eligible Plans Notes:

Defined Contribution

\$ or % of salary _____ Medical Dental Vision Any Additional Plans: _____

Open Enrollment

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Time Zone _____ Administration End Date _____

Continued on back 2

Medical Plan Info

Waiting Period: _____ Days Months Effective 1st of the month, if hired first of the month

Initial Waiting Period Waived: Yes No

Rehire Rule

Within: _____ Days Coverage Begins: _____ Days after Rehire Reinstatement Coverage Grace Period: _____ Days

Demographic Change Rule

Coverage Waiting Period: _____ Days Coverage Begins: _____ Days after waiting period

Medical Carrier 1: _____ Effective Date 1: _____

Medical Carrier 2 (if applicable): _____ Effective Date 2 (if applicable): _____

Metal Tier(s)/Plans Offered:

1. _____ Base Plan 4. _____

2. _____ 5. _____

3. _____ 6. _____

Employer Contribution for Employees (\$/%): _____ Employer Contribution for Dependents (\$/%): _____

Medical Plan Notes:

Dental Plan Info

Ortho Offered: Yes No

Dental Carrier: _____ Effective Date: _____ Waiting Period: _____ Days Months

Rehire Rule

Within: _____ Days Coverage Begins: _____ Days after Rehire Reinstatement Coverage Grace Period: _____ Days

Demographic Change Rule

Coverage Waiting Period: _____ Days Coverage Begins: _____ Days after waiting period

Plans Offered: _____ Renew As-Is (No Rate/Benefit Changes)

1. _____ Base Plan 3. _____

2. _____ 4. _____

Employer Contribution for Employees (\$/%): _____ Employer Contribution for Dependents (\$/%): _____

Please submit carrier rates, SDBC (Dental Summary of Benefits and Coverage) and benefit summaries with this document.

Continued on back 3

Vision Plan Info

Vision Carrier: _____ Effective Date: _____ Waiting Period: _____ Days Months

Rehire Rule

Within: _____ Days Coverage Begins: _____ Days after Rehire Reinstatement Coverage Grace Period: _____ Days

Demographic Change Rule

Coverage Waiting Period _____ Days Coverage Begins: _____ Days after waiting period

Plans Offered: _____ Renew As-Is (No Rate/Benefit Changes)

1. _____ Base Plan 3. _____

2. _____ 4. _____

Employer Contribution for Employees (\$/%): _____ Employer Contribution for Dependents (\$/%): _____

*Please submit carrier rates and benefit summaries with this document.***Chiropractic**

Chiropractic Carrier: _____ Effective Date: _____ Waiting Period: _____ Days Months

Rehire Rule

Within: _____ Days Coverage Begins: _____ Days after Rehire Reinstatement Coverage Grace Period: _____ Days

Demographic Change Rule

Coverage Waiting Period: _____ Days Coverage Begins: _____ Days after waiting period

Plan Offered: _____ Renew As-Is (No Rate/Benefit Changes)

Contingent on Medical: Yes No Available out of state: Yes No

Employer Contribution for Employees (\$/%): _____ Employer Contribution for Dependents (\$/%): _____

Please submit carrier rates and benefit summaries with this document.

Life Insurance Plan Info

Life Insurance Carrier: _____ Effective Date: _____ Waiting Period: _____ Days Months
Required Enrollment: Yes No

Rehire Rule

Within: _____ Days Coverage Begins: _____ Days after Rehire Reinstatement Coverage Grace Period: _____ Days

Demographic Change Rule

Coverage Waiting Period: _____ Days Coverage Begins: _____ Days after waiting period

Benefit Type: Flat Amount X Earnings Increments Guaranteed Issue: _____

Benefit Reductions: _____ Dependents Eligible: Spouse Children Renew As-Is (No Rate/Benefit Changes)

Employer Contribution for Employees (\$/%): _____ Employer Contribution for Dependents (\$/%): _____

Please submit carrier rates and benefit summaries with this document.

VTL Plan Info

VTL Carrier: _____ Effective Date: _____ Waiting Period: _____ Days Months

Rehire Rule

Within: _____ Days Coverage Begins: _____ Days after Rehire Reinstatement Coverage Grace Period: _____ Days

Demographic Change Rule

Coverage Waiting Period: _____ Days Coverage Begins: _____ Days after waiting period

Benefit Type: Increments w/ Multiple of Earnings Max Multiples of Earnings Increments Guaranteed Issue: _____

Guaranteed Issue (New Eligible): _____

Guaranteed Issue (Existing Enrollment): _____

Guaranteed Issue (Late Entrant): _____

Benefit Reductions: _____ Renew As-Is (No Rate/Benefit Changes)

Please submit carrier rates and benefit summaries with this document.

Disability – Short Term

Required Enrollment: Yes No

Rehire Rule

Within: _____ Days Coverage Begins: _____ Days after Rehire Reinstatement Coverage Grace Period: _____ Days

Demographic Change Rule

Coverage Waiting Period: _____ Days Coverage Begins: _____ Days after waiting period

STD Carrier: _____ Effective Date: _____ Waiting Period: _____

Employer Contribution: _____ Renew As-Is (No Rate/Benefit Changes)

*Please submit carrier rates and benefit summaries with this document.***Disability – Long Term**

Required Enrollment: Yes No

Rehire Rule

Within: _____ Days Coverage Begins: _____ Days after Rehire Reinstatement Coverage Grace Period: _____ Days

Demographic Change Rule

Coverage Waiting Period: _____ Days Coverage Begins: _____ Days after waiting period

LTD Carrier: _____ Effective Date: _____ Waiting Period: _____

Employer Contribution: _____ Renew As-Is (No Rate/Benefit Changes)

*Please submit carrier rates and benefit summaries with this document.***Additional Plans**

(Please add any additional notes in notes section)

Accident:	Critical Illness	Hospital	Parking/Transit	Pet Insurance
Employer Sponsored	Voluntary			

FSA & HSA Plan Information

Must include the First Pay Date of the Calendar Year.

Plans offered: FSA Health Care FSA Limited Purpose* FSA Dependent Care Health Savings Account

FSA Carrier: _____ Health Savings Account Carrier: _____

FSA Health Care Min EE Contribution: _____ FSA Health Care Max EE Contribution: _____

FSA Dependent Care Min EE Contribution: _____ FSA Dependent Care Max EE Contribution: _____

HSA Employer Contribution: _____

HSA Contingent Plan(s): _____

** Only needed if employees contribute to an HSA Account*

Additional Group Notes: