

Intake Form

Marked fields are required and must be completed for Ease setup to begin. 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 [Excel census](#). **Hire Dates and Scheduled Hours are required. Compensation data is required for Salary-Based Plans.** For renewal groups in Ease, please confirm census within Ease is accurate.

Process

Please send below information to accountmanagement@wordandbrown.com

- Completed Intake Form (Additional intake form is required for previous enrollments)
- Medical: Quote/Renewal with sold rates for offered plans
 - Include SBC for Large Groups only
- Member Level Worksheets, monthly gross rates, are required for all groups.
- Ancillary: Monthly gross rates and benefit summary. Please include SDBC (Dental Summary of Benefits & Coverage) for all dental plans.
- [Completed Employee Census](#)
 - **Census Tab** – New groups added to Ease, with no previous enrollments.
 - Birth dates are recommended, but not required.
 - Compensation Amounts and Types are required when benefits offered, require this information (i.e. Voluntary life, Long Term Disability, Short Term Disability, etc.).
 - **Plan Census** – Existing Clients – for new groups added to ease, but asking to load previous enrollments.
 - Same information as Census Tab.
 - List each plan name (i.e. Medical plan 1 = 1st plan name, Medical plan 2 = 2nd plan name, etc.). Insert additional columns as needed. For each employee, put Enrolled or waived under each plan we are adding.
 - A separate intake form will be required for previous enrollment set-ups and will require additional time to process these requests.
 - **Renewing groups in Ease** – No Census is needed. Confirm with the group that the census is up to date. Any changes to the census should be updated in Ease by the Broker and/or Group Admin.

****An Account Manager will reach out for any additional information needed. The set up process includes a quality check and test enrollment for the broker. 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 Ease: Existing Business Renewing on Ease
Market Segment: Small Group Large Group New to Ease: New Business

Ease Account Type: I will use my agency Ease Account I will use the Word & Brown Ease account

Completion Required Date: _____ Group Address: _____

Group Admin: _____ Group Admin Email: _____

Schedule Group Admin Training: Yes No Who will process carrier changes?: Broker Office Group Admin

SIC Code: _____ Open Enrollment Start Date: _____ Open Enrollment End Date: _____

Pay Cycle: Semi-Monthly Bi-Weekly Monthly Weekly Other: _____

Rating Area: _____ Out of State Employees: Yes No

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

Medical Plan Info

Waiting Period: _____ Days Months Initial Waiting Period Waived: Yes No

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:

Empty rectangular box for Medical Plan Notes.

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Dental Plan Info

Ortho Offered: Yes No

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

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.

Vision Plan Info

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

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

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

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

Life Insurance Plan Info

Required Enrollment: Yes No

Life Insurance Carrier: _____ Effective Date: _____ Waiting Period: _____ Days Months

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

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

1. _____ 2. _____

Benefit Type: _____

Guaranteed Issues: _____

Dependents Eligible: _____

Please submit carrier rates and benefit summaries with this document.

Disability – Short Term

Required Enrollment: Yes No

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

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

Disability – Long Term

Required Enrollment: Yes No

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

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

FSA & HSA Plan Information

Must include the pay schedule with Start and End dates. [View example](#)

Plans offered: FSA Health Care 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): _____

Onboarding

Onboarding Enabled: Yes No

Documents to Enable: I-9 W-4 Direct Deposit Emergency Contacts Initial COBRA Notification

COBRA Admin Information:

Admin Name: _____ Admin Address: _____

Admin Phone Number: _____ Admin Email: _____

After completion, please forward this intake form along with the final quote and ancillary details (rates, benefits) to accountmanagement@wordandbrown.com.

Additional Group Notes: