

### 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](mailto: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
- ☐ Employee worksheets if CaliforniaChoice, or if employees have different plan availabilities
- ☐ 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 &amp; 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 &amp; 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

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:

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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.***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.*

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**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 Medical Care Health Savings Account

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](mailto:accountmanagement@wordandbrown.com).

Additional Group Notes: