

Intake Form

Marked fields are required and must be completed for Employee Navigator (EN) 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 [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 Census Tab** – New groups added to Employee Navigator, with no previous enrollments.
 - 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.).
 - **Employee Import Census** – Existing Clients – for new groups added to Employee Navigator, but asking to load previous enrollments.
 - Same information as Employee Census Tab.
 - List each plan name in the plan name column.
 - 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 Group Admin. 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 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 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 Group Admin Training: Yes No Who will process carrier changes?: Broker Office Group Admin

SIC Code: _____

First Pay Date of the Calendar Year _____

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.

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 _____

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:

[Empty box for 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.

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

Required Enrollment: Yes No

Life Insurance 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: 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: