

**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 place holder](#). **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](mailto: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 placeholder](#)
  - **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.

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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: