

# B&P Ease Implementation Details Form

Fill out this form with the group's information and submit to ensure a complete and accurate set up. Please provide any other information that is not captured in this form that may affect current and future enrollment situations.

Submit form and any additional documentation to [ease@beerepurves.com](mailto:ease@beerepurves.com).

## Section 1: Broker Information

Name	Email	Phone
Contact during OE (if different)	Email	Phone

## Section 2: Employer Information

Company name			
Company street address		City	
State	Zip	County	Rating region (reference <a href="#">CMS</a> )
Company contact name		Email	Phone

## Section 3: Employee Information

A census template can be downloaded <a href="#">here</a> . You may use your own census instead, but please include the following information:		
<input type="checkbox"/> First and last Name	<input type="checkbox"/> Email address	<input type="checkbox"/> Zip code
<input type="checkbox"/> Relationship	<input type="checkbox"/> Date of birth	<input type="checkbox"/> Date of Hire
If you have other factors that will affect the current or future enrollment situations, please also include them on the census. Other data may include:		
<input type="checkbox"/> Current enrollment (for renewal mapping)	<input type="checkbox"/> Divisions	<input type="checkbox"/> Eligibility rules
<input type="checkbox"/> Locations	<input type="checkbox"/> Job classes	<input type="checkbox"/> Termination rules
	<input type="checkbox"/> Hours	

## Section 4: Customizing the Experience

Preferred custom domain, at least three characters in length, will precede ".ease.com"
If you'd like to customize the enrollment portal further, please include the following:
<input type="checkbox"/> Company logo, recommended height of 75 pixels or less (.jpg or .png)
<input type="checkbox"/> Background image for login screen, recommended width of at least 800 pixels (.jpg or .png)
<input type="checkbox"/> Customized welcome letter (download default Employee Login Email <a href="#">here</a> )

**Section 5: Enrollment Information**

Enrollment start date	Enrollment end date	Waiting period	Pay periods
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**Section 6: Medical Plan Information**

Medical carrier(s) & group number(s) (if known)	
Effective date	Is this coverage new or renewing? <input type="checkbox"/> New <input type="checkbox"/> Renewal
Plan name(s) (or tiers for exchange products) 1.	Plan name(s) continued 6.
2.	7.
3.	8.
4.	9.
5.	10.
Contribution details	
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable)

**Section 7: Dental Plan Information\***

Dental carrier(s) & group number(s) (if known)	
Effective date	Is this coverage new or renewing? <input type="checkbox"/> New <input type="checkbox"/> Renewal
Plan name(s) (or dental carrier for ChoiceBuilder) 1.	Plan name(s) continued 3.
2.	4.
Contribution details	
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable)

**Section 8: Vision Plan Information\***

Vision carrier(s) & group number(s) (if known)	
Effective date	Is this coverage new or renewing? <input type="checkbox"/> New <input type="checkbox"/> Renewal
Plan name(s) (or vision carrier for ChoiceBuilder) 1.	Plan name(s) continued 2.
Contribution details	
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable)

**Section 9: Life/AD&D Plan Information\***

Life/AD&D carrier(s) & group number(s) (if known)	
Effective date	Is this coverage new or renewing? <input type="checkbox"/> New <input type="checkbox"/> Renewal
Plan name(s) 1.	Plan name(s) continued 2.
Contribution details	
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable)

**Section 10: Short Term Disability Plan Information\***

Short term disability carrier(s) & group number(s) (if known)	
Effective date	Is this coverage new or renewing? <input type="checkbox"/> New <input type="checkbox"/> Renewal
Plan name(s) 1.	Plan name(s) continued 2.
Contribution details	
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable)

**Section 11: Long Term Disability Plan Information\***

Long term disability carrier(s) & group number(s) (if known)	
Effective date	Is this coverage new or renewing? <input type="checkbox"/> New <input type="checkbox"/> Renewal
Plan name(s) 1.	Plan name(s) continued 2.
Contribution details	
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable)

**Section 12: Vendors**

Please list any additional vendors or plans that should be set up on Ease. 1.
2.
3.
4.
5.

\*If the group's ancillary coverage has any custom rates or benefits, please include the necessary information.

We are happy to set up carriers and policies we are not the General Agent on as long as there are additional policies where B&P is the General Agent. If you sell a non-B&P carrier you'd like us to load into Ease, please provide any documents such as applications, benefit summaries, final rates, eligibility rules, etc.

Please submit this form along with any other materials to [ease@beerepurves.com](mailto:ease@beerepurves.com).