

Ease Implementation Details Form

Submit to ec@beerepurves.com

Section 1: Broker Information				
Name		Email		Phone
Contact during OE (if different)		Email		Phone
Section 2: Employer Information				
Company name				
Company address			City	State Zip
Company contact name		Email		Phone
Section 3: Enrollment Information				
Enrollment start date		Enrollment end date		Waiting period Pay periods
Section 4: Medical Plan Information				
Medical carrier(s)		Effective date		New or renewing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan name(s) (or tiers for exchange-style products)		Plan name(s) continued		
1.		6.		
2.		7.		
3.		8.		
4.		9.		
5.		10.		
Contribution details				
Base plan(s) (if applicable)			Contribution rollover (check one, if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 5: Dental Plan Information				
Dental carrier		Effective date		New or renewing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan name(s) (or dental carrier for Choice Builder)		Plan name(s) continued		
1.		3.		
2.		4.		
Contribution details				
Base plan(s) (if applicable)			Contribution rollover (check one, if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 6: Vision Plan Information				
Vision carrier		Effective date		New or renewing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan name(s) (or vision carrier for Choice Builder)		Plan name(s) continued		
1.		2.		
Contribution details				
Base plan(s) (if applicable)			Contribution rollover (check one, if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 7: Life/AD&D Plan Information		
Life/AD&D carrier	Effective date	New or renewing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan name(s) 1.	Plan name(s) continued 2.	
Contribution details		
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 8: Short Term Disability Plan Information		
Short term disability carrier	Effective date	New or renewing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan name(s) 1.	Plan name(s) continued 2.	
Contribution details		
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 9: Long Term Disability Plan Information		
Long term disability carrier	Effective date	New or renewing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan name(s) 1.	Plan name(s) continued 2.	
Contribution details		
Base plan(s) (if applicable)	Contribution rollover (check one, if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 10: Vendors		
Please list any additional vendors or plans that should be set up on Ease. Vendor(s)/plan(s):		
1.		
2.		
3.		
4.		
5.		
Section 11: Employee Information		
A census template can be found here . 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	
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, but not be limited to:		
<input type="checkbox"/> Current Plan Enrollment (Renewals)	<input type="checkbox"/> Divisions	<input type="checkbox"/> Hours
<input type="checkbox"/> Locations	<input type="checkbox"/> Job Classes	
Section 12: Customizing the Experience		
If you'd like to customize the site further for your group, please include the following:		
<input type="checkbox"/> Company Logo (.jpg or .png)	<input type="checkbox"/> Background Image for Login Screen (jpg. or .png)	

We are happy to set up carrier we do not represent as long as there are B&P carriers being enrolled. In the event that you sell a non-B&P carrier you'd like us to load, please provide any documents such as applications, benefit summaries, final rates, eligibility rules, etc.

Please submit to ec@beerepurves.com along with any other materials.