



ONBOARDING INFORMATION PACKET

CASE SETUP DOCUMENT

Your Onboarding Information Packet consists of several documents that provide information about your available benefit plan types. You must complete the *Case Setup Document* with all applicable information that describes your company.

Note: Employers should complete the additional benefit document for each benefit type included in their plan. The information in this document helps us to create the master record for your company.

BROKER _____

Employees Eligible for Enrollment _____

Broker

Broker	Responses
Name if Doing Business As (DBA) When the DBA name is same as the Agency Legal Name, then note this.	
Federal Tax ID	
Taxation Entity	<input type="checkbox"/> Carrier (Broker) <input type="checkbox"/> Corporation (Organization) <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership
Business Type	(Select SIC Code ¹ that best describes your business)
Main Address	
Address Line 1	
Address Line 2	
City	
State	
ZIP Code	
Main Telephone Number	
Main Fax Number	
Time Zone	(<input type="checkbox"/> Adjust for Daylight Savings)
Agency Contact	
Name	
Company Title	
Email Address	
Contact Telephone Number	

Carrier Information Contacts

Where there is a discrepancy with the carrier information, we want to contact knowledgeable carrier staff to resolve issues. Complete one table for each designated carrier company.

Use a separate page to provide information about additional carriers.

Carrier Company 1		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI ²		

¹ A Standard Industrial Classification (SIC) code is a four-digit numerical code assigned by the U.S. government to a business establishment to identify its primary business (part of the business that generates the most revenue).

² Electronic Data Interchange (EDI) is an exchange of business documents between computer systems in a standard format.

Carrier Company 2		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 3		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 4		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 5		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 6		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 7		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 8		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 9		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 10		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 11		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 12		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Carrier Company 13		
Contact Name for	Telephone	Work Email Address
Account Management		
EDI		

Enrollment

Enrollment Items	Responses
Effective Date	
Short Plan Year Is the plan year less than 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Renewal Date	
Do you need webpage links set up? <i>(See InRoll+ WebLinks form to provide details.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Translation complete for Spanish?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open Enrollment Start Date	
Open Enrollment End Date	
Are there different dates for certain benefits? If Yes , which benefits have different dates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit _____	Start Date _____ End Date _____
Benefit _____	Start Date _____ End Date _____
Benefit _____	Start Date _____ End Date _____

Employer Organization

Employer Name	Responses
Name if Doing Business As (DBA) When the DBA name is same as the Employer Legal Name, then note this.	
Federal Tax ID (or other business identifier, such as a D-U-N-S ³ number.) Mandatory	
Taxation Entity	<input type="checkbox"/> Carrier (Broker) <input type="checkbox"/> Corporation (Organization) <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership
Business Type	(Select the SIC Code that best describes your business)
Main Address	
Address Line 1	
Address Line 2	
City	
State	
ZIP Code	
Main Telephone Number	
Main Fax Number	
Time Zone	<input type="checkbox"/> Adjust for Daylight Savings)
Employer Contact Name	
Name	
Title	
Email	
Telephone Number	

³ The D-U-N-S[®] Number is a unique nine-digit identifier for businesses used to establish a business credit file. It is often referenced by lenders and potential business partners to help predict a company's reliability or financial stability.

Live Chat (Optional)

Pricing is current (November 2016), based on outside vendor. See <https://www.olark.com/pricing> for the latest pricing and terms and conditions. The typical number of operators needed is *one*, however more can be added. Live support is accessed from the InRoll+ application by clicking **Help**, then click the **Chat Now** button to assist with the enrollment process. You can choose your operator (a broker) that handles calls from employees needing help.

Operators	Cost per Operator	Identification (ID)		Operator First and Last Name
Total Number _____	Good Value—\$17 billed monthly, results in a \$204 annual cost.	<u>Chat Site ID</u>	<u>Chat Group ID</u>	
	Better Value—\$180 billed annually.			
	Best Value—\$288 billed biennially results in a \$144 annual cost.			

Multiple Locations (Optional)

When your company has multiple locations, enter the information. Attach additional pages for more locations.

Information Required	Responses
Location Name	
Address Line 1	
Address Line 2	
City	State ZIP Code
Work Telephone	
Fax Telephone	

Payroll Information

Note: When InRoll+ provides payroll services, send the *Payroll Vendor File Format* specification to InRoll+.

Note: For payroll services, you also need to send a *Payroll Deductions* file.

Information Required	Responses
Payroll Company Name	
Payroll Contact	
Payroll Administrative Contact	
Pay Frequency One (Directions: Indicate pay frequency and period for the primary employee group.)	Attach pay schedule for pay frequency one.
Pay Frequency Two	Attach pay schedule for pay frequency two.
Pay Frequency Three	Attach pay schedule for pay frequency three.

Email Notifications

We send notifications to current employees for upcoming open enrollment periods. InRoll+ sends a notification when a new hire joins the company and the new hire becomes eligible for benefits enrollment.

- **Current Employees**—InRoll+ generates automated email notices seven days prior, one day prior, and on the starting day of the open enrollment period.
- **New Hires**—InRoll+ sends an automated welcome notice on the first employment day, automated email notices seven days prior, one day prior, and on the start of the new hire benefits enrollment period.

Enter the text in the following areas (or attach a Microsoft Word document) for each email notification type:

Email Notification Type		Text for this Notification
Current Employee <i>Open Enrollment Notice</i>		
New Hire	<i>Welcome Notice</i>	
	<i>Enrollment Period Notice</i>	

Caution: All links in email messages must be secure (<https://>) and the site must have a valid Secure Socket Layer (SSL) or digital certificate. To secure your email, we cannot send *attachments* in email messages generated from InRoll+. You should host plan documents on a secure (<https://>) website and place the link to the documents in the email.

Exclusions and Discrepancies

Do you have any employee exceptions (for example, terminated employees) to the benefit plan?

If your records contain issues that do not permit an error-free data import, please note the issues in this table.

Reason for Exclusion	Who or what information should be excluded?

Carrier EDI Specifications

File Transfer Instructions:

- Specify the names of the carriers and associated plan information you use to transfer EDI data.
- Indicate if the EDI file transfers happen daily, weekly, biweekly, monthly, or yearly.
- Ensure that you validate the provided EDI information for accuracy.
- Use the large text area to provide instructions that would be helpful in processing your EDI files.

Important: If you are changing the file transfer frequency (for example from **Monthly** to **Biweekly**), please indicate the carrier feed name, *current* file transfer frequency, and *new* file transfer frequency.

Current Existing InRoll Carrier Feeds

Carrier Name	Plan Type	File Transfer Frequency (Select one per carrier)				
		Weekly	Biweekly	Monthly	Quarterly	Yearly

Changes in file transfer frequency instructions:

(If you have additional carrier feeds, please use a copy of this case setup page to specify more existing feeds.)

Stop These Carrier Feeds

Carrier Name	Plan Type	File Transfer Frequency (Select one per carrier)				
		Weekly	Biweekly	Monthly	Quarterly	Yearly

New Carrier Feeds Required

Carrier Name	Plan Type	File Transfer Frequency (Select one per carrier)				
		Weekly	Biweekly	Monthly	Quarterly	Yearly

EDI File Set Up Instructions

Website Customization

Do you require a customized website for your organization?

- Yes
- No

Note: There is a one-time setup fee of \$250.00, plus a \$49.95 monthly charge.

Opt-out Plan

Do you offer an opt-out (cash-out) plan for a line of coverage for your employees?

- Yes
- No

If **Yes**, describe the plan you offer to your employees that opt-out and what benefits you are opting out of coverage.

TASC Products

Select all the applicable TASC products for this employer:

- ACA Employer Reporting
- COBRA
- ERISA Edge
- FMLA (Family Medical Leave Act)
- FSA (Flexible Spending Account)
- HIPAA Compliance
- HSA (Healthcare Spending Account)
- Non-Discrimination Testing

Signatures

The signatures certify that the Client Services Team has met with the agent or broker and reviewed this document with these individuals. The information contained in this *Case Setup Document* is accurate.

Name	Role	Signature	Date
	Broker or Agent		
	Client		
	Client Services Director		