

Employer App and Group Policy Installation

Job Aid

This job aid will cover the following topics. Click on a heading below to be taken directly to that topic.

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Background

- Employer application included information that was not needed from a contractual standpoint.
- Updated employer application only includes items needed to establish the contract. These items include:
 - Legal name and DBA if applicable
 - Tax ID
 - Physical address
 - Participating units
 - Hours worked per week
 - Signatures of agent and employer
- Updated employer application also includes an Addendum to Employer Application. This addendum includes the NAAW question
 - Must also be signed by employer
 - This page will only be completed when Life/Disability/Critical Illness are sold lines of coverage

- Additional items that were previously captured on the employer application will now be included on a new form, Group Policy Installation Form.
- Blurb to include in the email with enrollment materials:
 - Note: We continue to make improvements to serve you better. This new Group Policy Installation form and the new Employer Application are designed to help us gather the details we need to efficiently implement your case. If you should have any questions, please let me know.

Updated Process

1. For new cases and cross-sells, the following items will be sent to the broker:
 - Updated Employer Application
 - Addendum to Employer Application: only needed if Life/Disability/Critical Illness are sold
 - Group Policy Installation Form – this form includes information to implement all lines of coverage.
 - At this time, the form is not coverage specific, meaning the form will show all lines of coverage
 - Include any of the following based upon size of group, or sold lines:
 - W2/FICA Forms
 - Field Underwriting Form
 - eService/Outside Party Forms
 - Employee Enrollment (customized enrollment form, SOH, census, etc)
 - If your office uses an agent/agency form this will still need to be provided to the broker
2. For cross-sells, the following forms will NO LONGER be used:
 - Authorization to Add a New Coverage
 - Request to Add New Coverage (Eddie Letter)

Group Policy Installation Form

Each section of the form is described below.

1. Coverage(s) Requested

1. Coverages Requested

Do you have existing group insurance with Principal?

No

Yes: Fill in Box Below

**If Yes, as an Existing Client, what did you make changes to? Check all that apply:*

Request for New Coverage

Amending Current Benefits

Employer Information

Employee Eligibility

List other changes:

Check all coverages you are enrolling in with Principal Life:

<input type="checkbox"/> Dental	<input type="checkbox"/> Basic Life	<input type="checkbox"/> Long Term Disability
<input type="checkbox"/> Voluntary Dental	<input type="checkbox"/> Voluntary Life	<input type="checkbox"/> Voluntary Long Term Disability
<input type="checkbox"/> Vision	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Voluntary Critical Illness
<input type="checkbox"/> Voluntary Vision	<input type="checkbox"/> Voluntary Short Term Disability	

- Existing client question:
 - Can be prepopulated to indicate No or Yes for customer
 - If yes, customer will provide details on what they are changing or adding
- Lines of coverage sold:
 - Always required
 - Can be prepopulated if sold lines of coverage are known
 - Employer will check off all lines of coverage they are wishing to implement

2. Contact Information

2. Contact Information	
Company Legal Name:	<input type="text"/>
Group Contact:	
Name:	<input type="text"/>
Phone Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Fax Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Email Address:	<input type="text"/>
Do you have contact information that is different from the Group Contact Information you provided above? (e.g. Billing Contact Information or Primary Online Access Contact)	
<input type="radio"/> No	
<input type="radio"/> Yes: Fill in Box Below	
*If yes, complete additional contact information relevant to your company:	
Billing Contact Information:	
Name:	<input type="text"/>
Phone Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Fax Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Email Address:	<input type="text"/>
1	
Primary Online Access Contact Information (only needed if different than above):	
Name:	<input type="text"/>
Phone Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Fax Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Email Address:	<input type="text"/>

- Always include
- Legal Name (should match the master application). This information is duplicated on both forms in order to identify the customer
- Group Contact Information: same information that was previously included on employer application
- Contact information that is different from Group Contact: some of this information is new.
 - Billing Contact:
 - Primary Online Access: if this is different from the main group contact, this information needs to be noted on the Wrap-Up screen in eSubmission, so FFT can implement correctly.

3. Billing/Mailing Information

3. Billing/ Mailing Information

Billing Type?

List Bill: Principal Life will generate a monthly bill for your company

Self-Accounting: restrictions apply and additional agreement forms are required

Is the Billing Address different from the Physical Address provided on the Employer Application?

No

Yes: Fill in Box Below

***If Yes, provide your preferred Billing Location:**

Street/ PO Box:			
City:	State:	Zip Code:	

Separate Bills Requested?

No: Fill in Box Below

***If No, would you like Divisional Billing for your single bill?**

No Yes (Employee Enrollment forms/census must illustrate divisions for each employee)

Yes: Fill in Box Below (Employee enrollment forms/census must illustrate billing unit name for each employee)

***If Yes, where would you like the Separate Bills to be sent?**

Billing Location Billing Location and Additional Locations

[Click Here](#) or see [Section 10](#) to list additional locations

- Billing Type: same options that were previously included on employer application
 - If self-accounting, be sure to obtain admin/UW approval and agreement
- Billing Address: same option that was previously on employer application
- Divisional Billing: if yes, ensure enrollment information reflects the divisions
- Separate Bills: if yes, ER will provide additional details on the billing locations. They will be asked to provide the following:
 - Location name
 - Billing address
 - Contact Name and Contact Information
 - Group can click link to be taken to end of document where they will include additional locations

5. Job Classes and Waiting Periods

5. Job Classes and Waiting Periods:

What is the waiting period for all members? *If waiting periods vary by job class, refer to [Section 11](#).*

Current Members: (Hired prior to effective date):		
<input type="radio"/> None	<input type="radio"/> Day	<input type="radio"/> Month
Future Hires:		
<input type="radio"/> None	<input type="radio"/> Day	<input type="radio"/> Month

Affordable Care Act (ACA) Orientation Period:
*The ACA rules permit an employment based **orientation period** before the application of waiting period limits. Orientation Periods do not apply to Principal Products and are calculated separately.*

Does your waiting period with Principal Life need to begin after the company Orientation Period?

No

Yes: Fill in Box Below

***If Yes, complete this section:**

What is the duration of the Orientation Period? (up to a maximum of 30 days or 1 month)

Number of Days:

Note: Waiting period starts after the orientation periods ends. The member's hire date will be listed as the day after the orientation period is satisfied.

- Waiting periods for current and future members will be provided
- eSubmission has not been updated to reflect updated language shown on Group Policy Installation Form. Be sure to use the help text in eSubmission to select the correct option.
 - Example: Installation Form shows 0 day wait for Current and 90 day wait for Futures.
 - eSubmission should be set up as follows:

Waiting Period

Is the waiting period same for all job classes and benefit description?*

Yes
 No

What is the waiting period? (Choose one of the following.)*

None
 Days
 Months

Who the waiting period applies to

Does the waiting period apply to the same members (eg. initials futures) for all job classes and benefit description?

Yes
 No

Who does the waiting period applies to.*

Time credited toward the prior carrier waiting period will apply to satisfy the waiting period under this group policy (initials and futures).

The waiting period will not apply to those hired before the group effective date under this group policy(futures).

The waiting period will apply to all employees, including those hired before the effective date of group policy (initials starting from Scheme Effective Date and Futures from Date of Hire)

- **ACA Orientation Periods – new section:**
 - The Affordable Care Act (ACA) allows the employer to impose an orientation period. This is a period of time the member must fulfill before the waiting period kicks in. Please note that these only apply to medical coverage and do not apply to Principal Life products. For additional details on Orientation Periods, please refer to the [Help Document](#) that was included in the Weekly Wrap-Up from 08/10/2015
 - Because of the orientation periods and waiting periods on the medical, the employer may want employees to wait the same amount of time before becoming eligible for Principal products.
 - The Help Document provides the following instructions for implementing a case where an Orientation Period must be fulfilled prior to the Waiting Period:
 - The job class must identify that the eligibility is something similar to “employees completing the orientation period”
 - The employer must submit the employment date as the day after the employee completes the orientation period.
 - Administration must be aware of the orientation period.
 - The waiting period will be the standard waiting period within the contract.
 - If the group indicates “yes” to the Orientation Period, be sure to include a note on the Wrap-Up page of your case so the case can be noted internally as having an Orientation Period.

6. Eligibility

- Same options are included that were on the employer application.
- Eligible and Term dates have been split out to reflect options in eSubmission
- Eligible Dates: if group checks the box to “remove coinciding wording”, the following option needs to be selected in eSubmission:

What day employees be eligible? <small>⌘</small>	<input type="radio"/> Day immediately following the final day of waiting period or change (Standard). <input type="radio"/> First day of the insurance month COINCIDING WITH OR NEXT FOLLOWING the final day of the waiting period or change (FOM Coinciding / Following). <input checked="" type="radio"/> First day of the insurance month FOLLOWING the final day of the waiting period or change (FOM Following).
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- Domestic Partner question has now been added as well. Requesting this up front will alleviate some of the items we have to verify after the case comes in.

7. Employer Contributions

- Options in this section are similar to old employer application.
- If retirees should be covered, employer can indicate definition of retiree.

8. Product Information

- Prior carrier information
- Dental specific questions: these are same questions that appear on old employer application.
- Dental/Scheduled Vision: ID Card Shipping Location: now requested up front so we can meet customer expectations
- Dental/Vision: COBRA
- Definition of Compensation

9. ERISA Information

- If ERISA applies, group will be prompted to include ERISA number and Coverages associated with number.
- For Plan Administrator/Named Fiduciary, help text has been included to inform them of their responsibilities if naming an entity other than company name as administrator or fiduciary.
 - Employer will also be prompted to provide all info that is needed if either of these if not the company name
 - Name
 - Phone
 - Fax
 - Address

Thank You Section – bottom of page 6

A blurb is included at the end of the form thanking them for completing the document. There is also a text field included. This should be used to input the office or AC phone number PRIOR to sending the form out to the broker.

Thank you for completing the Group Policy Installation Form.

Please make sure all the information you provided is correct or the best to your knowledge and confirm that additional applications are attached to the back of this packet. If you have any questions about this form please call

Jen Gabel at 973-289-0320

10 and 11 – Optional Sections

- Additional pages have been included for the group to indicate multiple locations for billing or waiting periods for various job classes.

Feedback

- Your feedback is valuable in ensuring we have captured all the necessary information. As you begin to use the new materials, please provide feedback to Jen Gabel.