

Configuration and Authorization



Company ID _____ Company Name _____

Name of Insurance Co _____ Agent's Name & Number _____

Plan Name: _____ Waiting Period in Days (Detail if 1st of the month): _____

Type of Insurance (Circle One)

Health Dental Vision Other: _____

Cobra Available _____ S125 Qualified _____

Employer Contributes _____% up to \$ _____ per month

OR Employee % _____ EE/Spouse % _____ EE/Child% _____ EE/Family% _____

Total employer contributions for all insurance benefits shall not exceed \$ _____ per month.

Circle Payroll Deduction Frequency Below:

Weekly (52) Biweekly (26) Biweekly/Block 5th(24) Semimonthly (24) Monthly(12)

Employee Contribution per Month

Employee \$ _____ EE/Spouse \$ _____ EE/Child \$ _____ EE/Family \$ _____

Employer Contribution per Month

Employee \$ _____ EE/Spouse \$ _____ EE/Child \$ _____ EE/Family \$ _____

TOTAL CONTRIBUTION PER MONTH (Employer and Employee Combined)

Employee \$ _____ EE/Spouse \$ _____ EE/Child \$ _____ EE/Family \$ _____

_____ MEC (Does the insurance plan meet "Minimum Essential Coverage")

_____ Min Value (Does the insurance plan meet "Minimum Value")

_____ Self-Insured (Is this plan a "self-insured plan") _____ Filing 6055?

_____ Do you make any Conditional Offers to employees?

Effective Date of Policy: _____

Authorized Signature: _____

Fastpay Use Only:

Circle One: New Insurance Setup

Renewal

Updated Insurance in M3: _____

Updated in SS ACA: _____

Requested By: _____

Completed By: _____

Date: _____