

Configuration and Authorization



**\*\* Please attach a copy of your policy & enrollment information you give to employees at the time of enrollment to support your figures below\*\***

Company IDs \_\_\_\_\_ Company Name \_\_\_\_\_

Name of Insurance Co \_\_\_\_\_ Agent's Name & Number \_\_\_\_\_

Plan Name: \_\_\_\_\_ Waiting Period in Days (Detail if 1<sup>st</sup> of the month): \_\_\_\_\_

<b>Type of Insurance (Circle One)</b>			
<b>Health</b>	<b>Dental</b>	<b>Vision</b>	<b>Other: _____</b>
_____			
<b>Type of Insurance (Circle One)</b>			
<b>New Setup</b>		<b>Renewal</b>	

Cobra Available \_\_\_\_\_ S125 Qualified (PreTax) \_\_\_\_\_ Major Medical (yes/no) \_\_\_\_\_

<b>Circle Payroll Deduction Frequency Below:</b>				
<i>Weekly (52)</i>	<i>Biweekly (26)</i>	<i>Biweekly/Block 5<sup>th</sup>(24)</i>	<i>Semimonthly (24)</i>	<i>Monthly(12)</i>
<b>Employee Contribution per Month</b>				
Employee \$ _____	EE/Spouse \$ _____	EE/Child \$ _____	EE/Family \$ _____	
<b>Employer Contribution per Month</b>				
Employee \$ _____	EE/Spouse \$ _____	EE/Child \$ _____	EE/Family \$ _____	
<b>TOTAL CONTRIBUTION PER MONTH (Employer and Employee Combined)</b>				
Employee \$ _____	EE/Spouse \$ _____	EE/Child \$ _____	EE/Family \$ _____	
<b>*Note: If Age Based, please complete Employer contribution % or \$ and leave EE and Total Contribution lines blank. Just attach the rates for each age tier and we will setup appropriately.</b>				

\_\_\_\_\_ 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: \_\_\_\_\_ Effective Check Date for Payroll Deductions to Begin \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Fastpay Use Only:**

**Circle One:**    New Insurance Setup                      Renewal  
 Updated Insurance in M3: \_\_\_\_\_ Ded Code S125 Verification: \_\_\_\_\_ If 125, FUTA.Other2=Fringe \_\_\_\_\_ Updated in SS ACA: \_\_\_\_\_  
 Requested By: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ EE TESTED: \_\_\_\_\_