

New Case Worksheet

This two page form requires 100% completion

Section 1. Group Policyholder Information

Policyholder name:

Type of group: Employer (W2) Employer (1099) Union Association

Policy situs state:

List all states where members reside:

Section 2. Program Information

Check all that apply and attach final proposal:

LBMP MEC MVP Dental Vision Life STD AD&D Rx EAP Teladoc

Current plan in place: Yes No

If Yes, Insurer:

Currently Enrolled:

100% member paid: Yes No If No, Contribution Amount?

Eligibility waiting period (i.e., date of hire, 30 days after the date of hire, first of month following date of hire):

Eligible class description (i.e., All part-time employees that work 20 hours a week, All full-time employees that work 30 hours a week or more.)

Section 3. Administrative Information

Payroll frequency: (choose one) Weekly Bi-Weekly Semi-monthly Monthly

Enrollment options: (select all that apply)

Online Paper Spreadsheet (provided upon request) EDX Third party administrator (TPA)
If selected, provide name/address

Desired URL name for enrollment web portal: **http://** _____ **.myternian.com**

Billing administration: (choose one) List bill Member bill Other (must be approved in advance)

Invoice delivery method: (choose one) Email (enter email addresses below) Mail (if different than RFC, enter below)

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Section 4. Additional Group Contact Information		
Name:		Title:
Phone:	Fax:	Type of contact: <input type="checkbox"/> Day-to-day <input type="checkbox"/> Billing <input type="checkbox"/> Eligibility
Email:		
Name:		Title:
Phone:	Fax:	Type of contact: <input type="checkbox"/> Day-to-day <input type="checkbox"/> Billing <input type="checkbox"/> Eligibility
Email:		
Name:		Title:
Phone:	Fax:	Type of contact: <input type="checkbox"/> Day-to-day <input type="checkbox"/> Billing <input type="checkbox"/> Eligibility
Email:		
Section 5. Producer/Broker/Consultant Information		
Agent name:		Phone:
Agency name:		Fax:
Email:		State licenses (list):
Already contracted with Ternian: <input type="checkbox"/> Yes <input type="checkbox"/> No		
A&H License: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 6. Acknowledgement		
Rep name:		Date:

PLEASE RETURN VIA EMAIL COMPLETED FORM TO:
 Peter.Barraco@Ternian.com
 Questions? Call 1-754-226-7943