



Group Set-Up Form

New Re-Enrollment

Group Set Up Information

Group name _____ Tax ID # _____

Physical Address _____

City, State, Zip _____

Contact Name _____ Phone No. _____

Email Address _____

Billing Contact _____ Phone No. _____

Email Address _____

Fax Number _____

Member Information

Number of Eligible Member _____ Number of Locations _____

*****MEMBER CENSUS IS REQUIRED**

Marketing Parameters

Brochure Quantity _____ Date _____

Payroll Stuffers Quantity _____ Date _____

Email Blasts Quantity _____ Date _____

Dialers Quantity _____ Date _____

The following sections are to be completed by Enrollment First:

Products Requested for Rollout

Plan Rate in Brochure

<input type="checkbox"/> TransChoice Plus	<input type="checkbox"/> Major Medical	<input type="checkbox"/> Accident Select	<input type="checkbox"/> TransLegacy Life	<input type="checkbox"/> Monthly
<input type="checkbox"/> Dental	<input type="checkbox"/> \$4 myPack	<input type="checkbox"/> Accident Advance	<input type="checkbox"/> Group Term Life	<input type="checkbox"/> 52-Weeks
<input type="checkbox"/> Vision	<input type="checkbox"/> \$6 myPack	<input type="checkbox"/> 401K(i)	<input type="checkbox"/> Critical Illness	<input type="checkbox"/> 48-Weeks
<input type="checkbox"/> Short-Term Disability	<input type="checkbox"/> \$8 myPack	<input type="checkbox"/> Cancer	<input type="checkbox"/> Universal Life	<input type="checkbox"/> Bi-Weekly



Enrollment Parameters

Number of Benefit Rollovers _____

Enroll Start Date _____

Enroll End Date _____

Enrollment Type Inbound Only Inbound / Dial Out Face-to-Face

Toll Free # _____

Are there existing benefits? _____

Clean Up & Reporting By _____

Billing Guidelines

Effective Date of Coverage _____

Pay Mode ACH/ Bank Draft Payroll Deduction

NAWP \$3 \$6 None

Billing Conference Call Date Scheduled _____

Monthly Cut-Off Date Date Schedule _____

Monthly Report to MC Admin Contact by _____

Termination / Cancellation by _____

Terminations Sent by _____

Broker Information

Broker Name _____ Producer Code _____

Insurance Company _____

Account Set Up - Special Notes

Fax completed form to 865.684.1035