

- Electronic System Self-Admin
 Spreadsheet Paper

Billing & Enrollment Worksheet

Simplified Issue
 Guarantee Issue

Employer Name _____ Date Billing Information Completed _____

Billing Address is:		<input type="checkbox"/> Group	<input type="checkbox"/> Billing Administrator	<input type="checkbox"/> Premium Collection Agency (include Premium Collection Agreement)		
Billing Name:						
Billing Address:						
Billing Contact Name:	Email Address:	Phone #	Payments	Payment Detail	Premium Discrepancies	Past Due Notification
1)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Billing Options		
Payroll Schedule	Number of pay periods per year:	First deduction date:
	Number of deductions per year:	
Bill Schedule:	<input type="checkbox"/> Arrears	<input type="checkbox"/> Advance
Bill Delivery:	<input type="checkbox"/> Website	<input type="checkbox"/> Self-Bill <input type="checkbox"/> Paper
Billed premium amount:	<input type="checkbox"/> Levelized over 12 months	<input type="checkbox"/> Actual amount of deduction
Employee ID:	<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Alternate Employee ID
Billing Sort:	<input type="checkbox"/> Name	<input type="checkbox"/> Employee ID
Multiple Billing Locations:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, will each location remit payment separately? (attach listing with location name and address) Will employees need to be listed by separate division on the billing statement?		

Payments and Remittance		
Payments remitted:	<input type="checkbox"/> After each deduction	<input type="checkbox"/> Monthly <input type="checkbox"/> Other
Payment Method:	<input type="checkbox"/> Website	<input type="checkbox"/> ACH/Wire <input type="checkbox"/> Check
Payment Detail Remitted:	<input type="checkbox"/> Website	<input type="checkbox"/> Electronic via email <input type="checkbox"/> Paper Statement

Select one:	<input type="checkbox"/> Credits	<input type="checkbox"/> Refunds
	<input type="checkbox"/> Deduct from payment (self-bill)	Refund overpayments to:
	<input type="checkbox"/> Bill Credits	<u>Pre-tax</u> <u>Post-tax</u>
	<input type="checkbox"/> Summary	<input type="checkbox"/> Employee
	<input type="checkbox"/> Detail	<input type="checkbox"/> Employer
		<input type="checkbox"/> Billing Administrator

Employee Management		
Missed Deductions	<input type="checkbox"/> Bill employee at home	<input type="checkbox"/> Rebill group <input type="checkbox"/> Other
Employee Request to Cancellation/Change:	<input type="checkbox"/> Transamerica will handle	<input type="checkbox"/> Refer to: Name: Email: Phone:

Domicile State:	Other Enrollment States:
Enrollment Start Date:	Enrollment End Date:
Enrollment Platform:	Will a Census be provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Enrollment Method:	<input type="checkbox"/> Self Service <input type="checkbox"/> Call Center <input type="checkbox"/> Face to Face
Product Selection:	<input type="checkbox"/> Accident <input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability <input type="checkbox"/> TransConnect <input type="checkbox"/> Critical Illness <input type="checkbox"/> TransChoice <input type="checkbox"/> Hospital Indemnity
Eligibility:	Waiting Period: _____ Min Hours Worked: _____ Domestic Partner Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No