

Quick Start Guide

Connexion

Shopping & Quoting

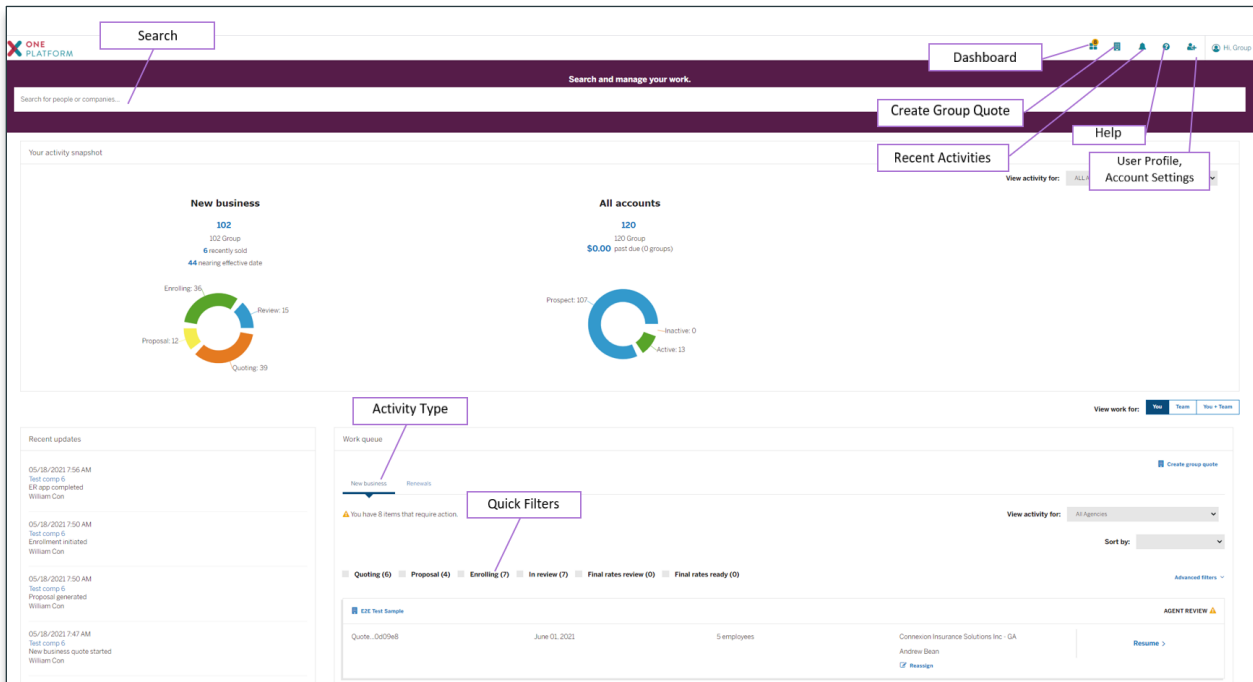


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Dashboard

- Log into the system or click the Dashboard link within the global navigation



- Global navigation:
 - create a group quote
 - view recent activities
 - view Help information
 - view user profile/account settings
- Search
 - Ability to search for existing people or companies using Search field
- Your activity snapshot
 - view activity snapshots by activity type (New business, Renewals and All accounts), market segment (IFP or Group) and status
- Recent updates
 - Displays activities recently updated with date, time, type of update, user and link to that record.
- Resources
 - Reference links to carrier provided material
- Work queue
 - Create IFP quote

- Create group quote
- Activity type
 - Quick access to the activity type you wish to review; New business or Renewals
- Quick filters
 - Allows you to quickly filter results of your work queue by the current status.
 - Status displayed will vary based on the Activity type selected
- View
 - Allows you to view just group activities, just IFP activities or All activities
- Advanced filters
 - Provides more detailed filter criteria

Please use a comma between multiple contacts or locations.

Company	Primary applicant name	Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>

Locations

Created	Effective date	Total census
<input type="text"/>	<input type="text"/>	<input type="text"/>
	to	to
	<input type="text"/>	<input type="text"/>

Activity

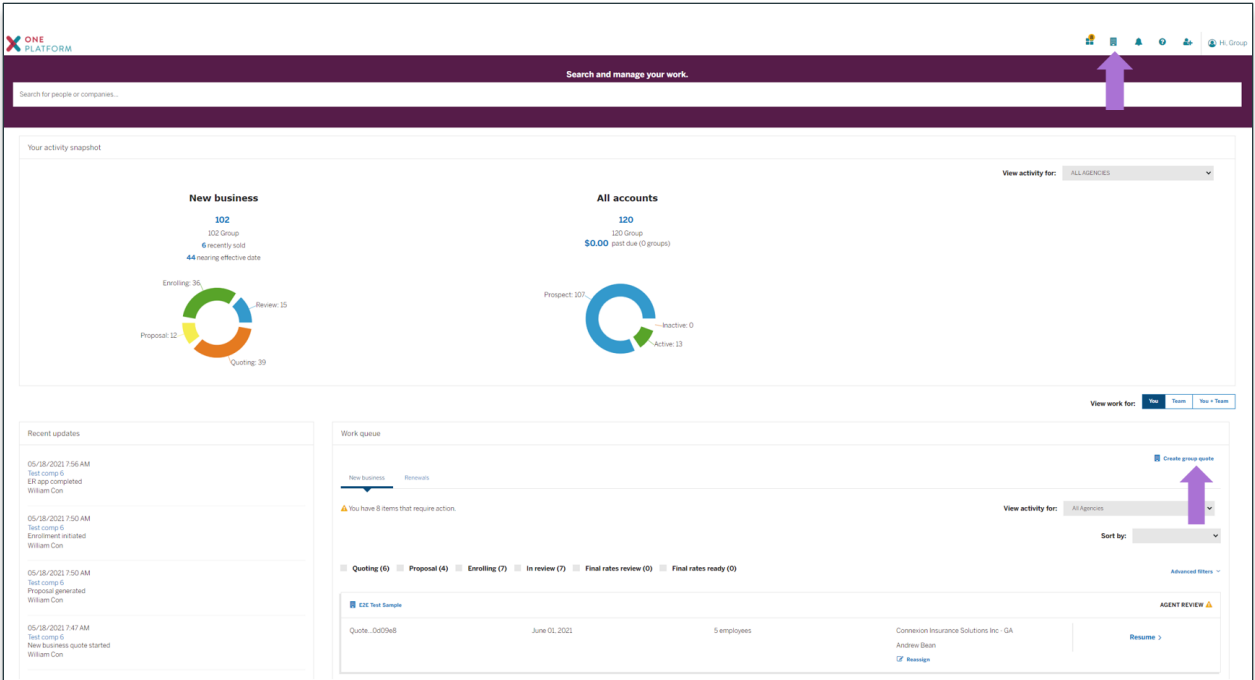
Excludes end status activities

- ☐ Quoting (9)
- ☐ Proposal (4)
- ☐ Enrolling (23)
- ☐ In review (1)
- ☐ Final rates review (2)
- ☐ Final rates ready (0)

[Clear all filters](#) [Hide advanced filters](#)

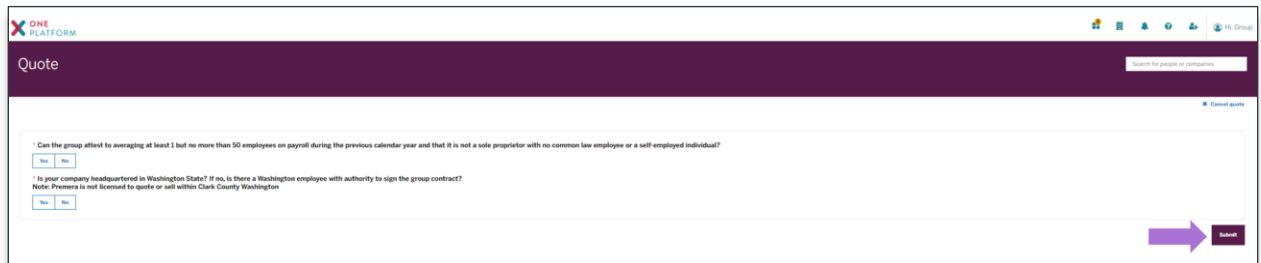
Create a Group Quote

- Access the Dashboard
- Click 'Create group quote' icon or link from the Dashboard



Quote Questions

- Answer the preliminary quote questions and click 'Submit'



The screenshot shows the 'Quote' page on the ONE PLATFORM. The page has a dark purple header with the 'ONE PLATFORM' logo on the left and a search bar on the right. Below the header, there are two questions with 'Yes' and 'No' buttons. The first question is marked with a red asterisk and asks about the number of employees. The second question is also marked with a red asterisk and asks about the company's location and authority to sign contracts. A large purple arrow points to the 'Submit' button at the bottom right.

ONE PLATFORM

Quote

Search for people or companies

[Cancel quote](#)

* Can the group attest to averaging at least 1 but no more than 50 employees on payroll during the previous calendar year and that it is not a sole proprietor with no common law employee or a self-employed individual?

* Is your company headquartered in Washington State? If no, is there a Washington employee with authority to sign the group contract?

Note: Premiere is not licensed to quote or sell within Clark County Washington

[Submit](#)

Note: Required information is denoted by a red asterisk (*)

Profile

- Enter Profile information and click 'Continue to census' button

ONE PLATFORM

Quote

Search for agents or companies

Profile Required fields must be completed to continue

Census Add employees

Plans Add your plans

Benefits Catalog Add your plans

Proposal Select what to send

[Cancel quote](#)

The profile must be completed before continuing. You may skip and view available plans once it's completed.

Quote information

* Requested effective date ⓘ

Quote name

Quote ID

Assignment

* Agency

Company information

* Company name

* ZIP code (primary location)

Will you be shopping for Benefits Catalog plans today?

No Yes

* SIC code ⓘ

[Add additional information](#)

Employees

* Total enrolled ⓘ

* Total employed ⓘ

[Back to dashboard](#)

[Continue to census](#)

Census

- Enter Census information
 - Enter directly into Census screen

The screenshot shows the 'Quote' screen in the ONE PLATFORM. The top navigation bar includes 'Profile', 'Census', 'Plans', and 'Proposal'. The 'Census' tab is active, showing 'Add employees...'. Below the navigation bar, there's a section titled 'You have options. Decide how much information you would like to enter up front or leave for enrollment.' This section includes 'Eligible products for the group' with checkboxes for Medical, Dental, Vision, Ortho, and TMJ. Below that, 'Complete the census' section asks 'Who will complete the census?' with buttons for 'New' and 'Employee'. Under 'Option 1: Download and upload', there are 'Download template' and 'Upload census' buttons. Under 'Option 2: Manual entry', there is a 'Manual entry' button, which is highlighted with a purple arrow. At the bottom left is a 'Back to profile' link, and at the bottom right is a 'Continue to plan 1' button.

- Click 'Manual entry' button

Add employee



* Indicates required

First name

Middle name

Last name

* Gender

* Date of birth

* Employment

Male

Female

mm/dd/yyyy



Active



Hire date

Salary

SSN

mm/dd/yyyy



\$

Address 1

Address 2

ZIP code

98258



Lake Stevens,
WA (Snohomish)

Home phone

Email address

() -

Coverage

Medical

Dental

EE



ES



Dependents



Add dependent



Add another employee

Cancel

Save and exit

- Enter employee information
- If there are dependents, select the appropriate coverage for each product line, click 'Add dependent' and enter dependent information
- Click 'Add another employee' until all employees are entered
- Once all employees have been entered, click 'Save and exit' button
- Import from provided Excel template

The screenshot shows the 'Quote' page in the ONE PLATFORM. The 'Census' tab is active, showing options to 'Add employees...'. Below, the 'Complete the census' section asks 'Who will complete the census?' with 'You' and 'Employee' buttons. Under 'Option 1: Download and upload', there is a 'Download template' button and an 'Upload census' button, which is highlighted by a purple arrow. 'Option 2: Manual entry' has a 'Manual entry' button. At the bottom left is a 'Back to profile' link, and at the bottom right is a 'Continue to plans' button.

- Click on 'Upload census' button
 - Select file

The screenshot shows the 'Quote' page with the employee list table. The table has columns for Employee, ZIP, Status, Dependents, and Coverage. Two employees are listed: Smith, John and Smith, Joan. At the bottom right, a purple arrow points to the 'Continue to plans' button.

Employee	ZIP	Status	Dependents	Coverage
Smith, John M. 58	98043	Active	---	Medical EE, Dental EE, Vision EE, Ortho EE, TMJ EE
Smith, Joan F. 55	98043	Active	---	Medical EE, Dental EE, Vision EE, Ortho EE, TMJ EE

- Click on 'Continue to plans' button

Plans

The screenshot shows the 'Quote' section of the ONE PLATFORM interface. At the top, there are tabs for Profile, Census, Plans, and Proposal. The 'Plans' tab is active, showing a list of available plans. A purple arrow points to the 'Generate proposal with all plans' button in the top right corner.

PLANS AVAILABLE
A medical plan must be quoted in order to quote other products. The final premiums will be calculated after employee elections.

Showing 118 plans

Carrier	Premium (monthly)	Individual Deductible (monthly)	Coinsurance	Individual Out-of-pocket maximum	Plan type
PREMERA BLUE CROSS					
Balance 250 Platinum					
Individual deductible (in network/Out of network)	Family deductible (in network/Out of network)	Individual OOP (in network/Out of network)	Family OOP (in network/Out of network)	Coinsurance	Premium (monthly)
\$250 / \$500	\$500 / \$1,000	\$4,000 / Unlimited	\$8,000 / Unlimited	15% / 50%	\$2,104.24

- Select 'Generate proposal with all plans' link if you wish to download proposal data and then select Excel or PDF format

The screenshot shows the 'Quote' section of the ONE PLATFORM interface. At the top, there are tabs for Profile, Census, Plans, and Proposal. The 'Plans' tab is active, showing a list of available plans. A purple arrow points to the 'Compare' button in the top right corner.

PLANS AVAILABLE
A medical plan must be quoted in order to quote other products. The final premiums will be calculated after employee elections.

Showing 118 plans

Carrier	Premium (monthly)	Individual Deductible (monthly)	Coinsurance	Individual Out-of-pocket maximum	Plan type
PREMERA BLUE CROSS					
Balance 250 Platinum					
Individual deductible (in network/Out of network)	Family deductible (in network/Out of network)	Individual OOP (in network/Out of network)	Family OOP (in network/Out of network)	Coinsurance	Premium (monthly)
\$250 / \$500	\$500 / \$1,000	\$4,000 / Unlimited	\$8,000 / Unlimited	15% / 50%	\$2,104.24

- If you wish to Compare plans side by side, select the desired plan(s) to compare by checking the 'Compare' button for up to 3 plans and click on 'Compare # plans' button

ONE PLATFORM

[Back to plans](#)

PREMERA | BLUE CROSS
Balance 250 Platinum
 Monthly premium
\$2,104.24
[View product breakdown](#)
[Add to quote](#)

PREMERA | BLUE CROSS
Balance 500 Platinum
 Monthly premium
\$2,005.94
[View product breakdown](#)
[Add to quote](#)

PREMERA | BLUE CROSS
Balance 500 Gold
 Monthly premium
\$1,734.64
[View product breakdown](#)
[Add to quote](#)

Additional plan information

Plan details
 Highlights of coverage
[View details](#)
[Plan highlights](#)

Plan details
 Highlights of coverage
[View details](#)
[Plan highlights](#)

Plan details
 Highlights of coverage
[View details](#)
[Plan highlights](#)

In-network highlights

Plan attributes

Individual Deductible	\$250	\$500	\$500
Family Deductible	\$500	\$1,000	\$1,000
Coinurance	25%	25%	20%
Individual Out of Pocket Maximum	\$4,000	\$5,000	\$6,550
Family Out of Pocket Maximum	\$8,000	\$10,000	\$12,000
Office Visit Cost Share	\$20 Copay designated PCP, apply to OOP Max. \$35 Copay Specialist, apply to OOP Max	\$20 Copay designated PCP, apply to OOP Max. \$35 Copay Specialist, apply to OOP Max	\$25 Copay designated PCP, apply to OOP Max. \$50 Copay Specialist, apply to the OOP Max
Annual Maximum	Unlimited	Unlimited	Unlimited

Out-of-network highlights

Plan attributes

Individual Deductible	\$500	\$1,000	\$1,000
Family Deductible	\$1,000	\$2,000	\$2,000
Coinurance	50%	50%	50%
Individual Out of Pocket Maximum	Unlimited	Unlimited	Unlimited
Family Out of Pocket Maximum	Unlimited	Unlimited	Unlimited
Office Visit Cost Share	\$500 Deductible, then 50% Coinurance, applies to Unlimited Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinurance, applies to Unlimited Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinurance, applies to Unlimited Out of Pocket Maximum
Annual Maximum	Unlimited	Unlimited	Unlimited

- You can choose to add plans from the Compare plans page by clicking 'Add to quote' and then 'Continue to proposal' if desired
- Click 'Back to plans' link

ONE PLATFORM

Quote

Quote... details
04/05/2025
2/2 pages

Plans
Add your plans...

Proposal
Select what to send...

[Withdraw quote](#)

PLANS ADDED TO QUOTE
0 plans added

PLANS AVAILABLE
A medical plan must be quoted in order to quote other products. The final premiums will be calculated after employee elections.

Medical Dental Vision Other T&I

Showing 118 plans

Search

Compare 3 plans

PREMERA | BLUE CROSS
Balance 250 Platinum
 Individual deductible (in-network/Out of network)
 \$250 / \$500
 Family deductible (in-network/Out of network)
 \$500 / \$1,000
 Individual OOP (in-network/Out of network)
 \$4,000 / Unlimited
 Family OOP (in-network/Out of network)
 \$8,000 / Unlimited
 Coinurance
 15% / 50%
 Premium (monthly)
 \$2,104.24
[Compare](#)

[Add](#)

PREMERA | BLUE CROSS
Balance 500 Platinum
 Individual deductible (in-network/Out of network)
 \$500 / \$1,000
 Family deductible (in-network/Out of network)
 \$1,000 / \$2,000
 Individual OOP (in-network/Out of network)
 \$5,000 / Unlimited
 Family OOP (in-network/Out of network)
 \$10,000 / Unlimited
 Coinurance
 15% / 50%
 Premium (monthly)
 \$2,005.94
[Compare](#)

[Add](#)

PREMERA | BLUE CROSS
Balance 500 Gold
 Individual deductible (in-network/Out of network)
 \$500 / \$1,000
 Family deductible (in-network/Out of network)
 \$1,000 / \$2,000
 Individual OOP (in-network/Out of network)
 \$6,550 / Unlimited
 Family OOP (in-network/Out of network)
 \$12,000 / Unlimited
 Coinurance
 20% / 50%
 Premium (monthly)
 \$1,734.64
[Compare](#)

[Add](#)

- Click 'Add' button for each desired plan for the initial product line

ONE PLATFORM

Quote

Search for people in company

Profile
Quote details
06/01/2023
2/2 engine

Groups
1 products
2 employees
0 dependents

Plans
Add your plans...

Proposal
Select what to send...

PLANS ADDED TO QUOTE
0 plans added

PLANS AVAILABLE
A medical plan must be quoted in order to quote other products. The final premiums will be calculated after employee elections.

Medical Dental Vision Ortho **TMJ**

Showing 118 plans

Search...

Compare 3 plans

Carriers
Premium (monthly)
Individual Deductible (monthly)
Coinsurance
Individual Out-of-pocket maximum
Plan type

PREMERA | BLUE CROSS Premera Blue Cross

Balance 250 Platinum

Individual deductible (In-network/Out of network)	Family deductible (In-network/Out of network)	Individual OOP (In-network/Out of network)	Family OOP (In-network/Out of network)	Coinsurance	Premium (monthly)
\$250 / \$500	\$500 / \$1,000	\$4,000 / Unlimited	\$8,000 / Unlimited	15% / 50%	\$2,104.24

Clear filters

Add

Compare

- If additional product lines were selected, click the tab for each product line, review and compare plans
- Click 'Add' button for each desired plan(s)

PREMERA | BLUE CROSS Premera Blue Cross

Balance 6500 Bronze

Individual deductible (In-network/Out of network)	Family deductible (In-network/Out of network)	Individual OOP (In-network/Out of network)	Family OOP (In-network/Out of network)	Coinsurance	Premium (monthly)
\$6,500 / \$13,000	\$13,000 / \$26,000	\$8,550 / Unlimited	\$17,100 / Unlimited	40% / 50%	\$1,229.68

Add

Compare

1 2 3 4 5 of 12 Next >

Continue to proposal >

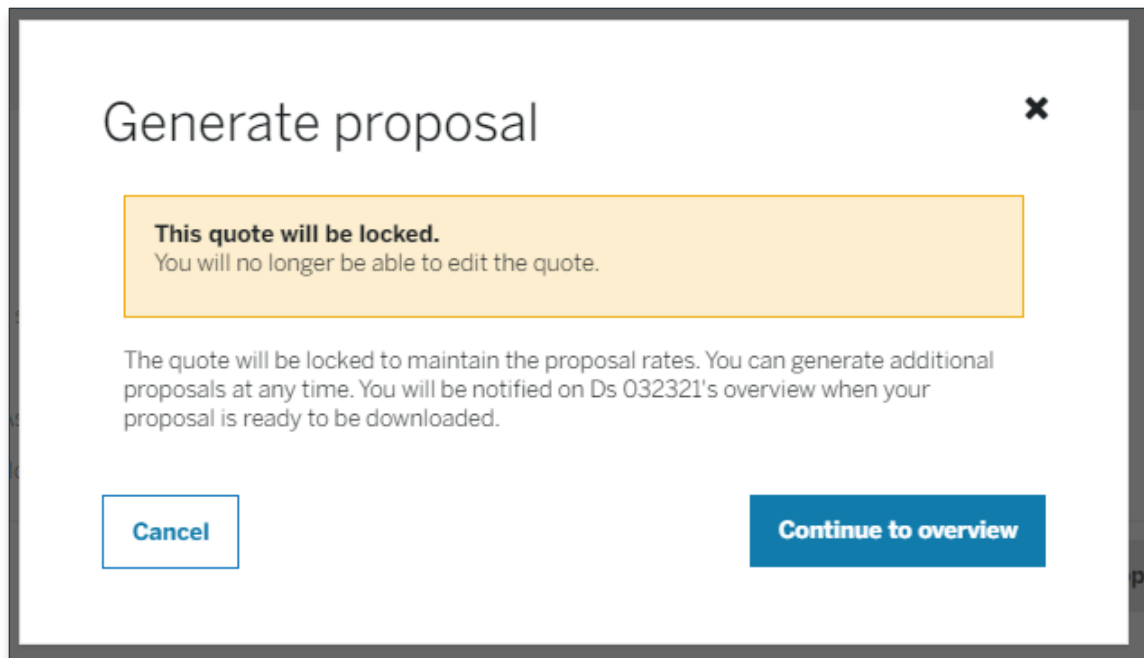
- Once all desired plans are selected for all product lines, click 'Continue to proposal' button

Proposal

- Click 'View plans in quote' to view selected plans in a pop-up modal
- Click 'Generate plan comparison' to download an excel spreadsheet of all selected plans

The screenshot displays the 'ONE PLATFORM Quote' interface. The top navigation bar includes 'Quote' and 'Proposal' tabs. The main content area is divided into sections: 'Quote details' (Quote ID: Q123456789, Effective date: 06/01/2021), 'Plans' (1 Medical, 0 Dental, 0 Vision, 0 Ortho, 0 TMJ), 'Employees' (2 active, 0 dependents), and 'Estimated monthly premium' (\$2,104.24). A 'Message information' section is highlighted with a purple arrow, containing fields for 'Email address of recipient' and 'Subject'. Below this is a 'Your additional message' section. At the bottom, there are 'PDF attachments' (Required: Estimated premium rate sheet, Census, WA Small Group Quote Assumptions, Non-discrimination Disclosure Form) and a 'Skip to application' button. Two purple arrows point to the 'Generate proposal' and 'Send proposal' buttons at the bottom right.

- Enter email address(es) if selecting to 'Send proposal'
- Click 'Generate proposal' button to preview the proposal or click 'Send proposal' button to email the proposal



- Click 'Continue to overview'

Overview

ONE PLATFORM

Test_CYEE Overview

Lake Stevens (Snohomish), WA 98258 | 1 Location | 2 employees

Dashboard / Overview

Your proposal has been generated.
Quote c051fb8b-7c52-4ed5-b6d7-a938afd18e95

[Download proposal](#)

Activities

+ New company quote

1 Proposal generated

Quote ...d18e95 [Show](#)

Created by Group Login on 05/18/2021 11:27 AM

Quote name Test_CYEE

Generated by Group Login on 05/18/2021 12:14 PM

Requested effective date
06/01/2021

Plans [View](#)
1 Medical, 0 Dental, 0 Vision, 0 Ortho, 0 TMJ

[Contact information](#)

Employees
2 active, 0 dependents

Estimated monthly premium
\$2,104.24

[Start employer application](#)

Attachments

[Upload documents](#)

Group size attestation form
0 uploaded

- Click 'Download proposal' button

ONE
PLATFORM

Test_CYEE
Overview

Lake Stevens (Snohomish), WA 98258 | 1 Location | 2 employees

Dashboard / Overview

Activities

New company quote

1 Proposal generated

Quote ...d18e95

Show

Created by Group Login on 05/18/2021 11:27 AM

Quote name

Test_CYEE

Generated by Group Login on 05/18/2021 12:14 PM

Requested effective date

06/01/2021

Employees

2 active, 0 dependents

Estimated monthly premium

\$2,104.24

Start employer application >

Plans

View

1 Medical, 0 Dental, 0 Vision, 0 Ortho, 0 TMJ

Contact information

Upload documents

Attachments

Group size attestation form

0 uploaded

Late letter

0 uploaded

Quote_proposal_2_...pdf

- The downloaded proposal is displayed and accessible

17

Find an Existing Group

- Case Search
 - Enter your search criteria within the 'Search for people or companies' input at the top of the Dashboard page
 - Select the desired case from the search results displayed
- Dashboard
 - Click on Dashboard in the global navigation on top right
 - Select desired New Business quick filter option(s)
 - Quoting
 - Proposal
 - Enrolling
 - In review
 - Final rates review
 - Final rates ready
 - If the case is not displayed, you can click the 'Advanced filters' link to narrow your list
 - Once the case is displayed within the Work queue, click the 'Resume' link

Edit an Existing Quote

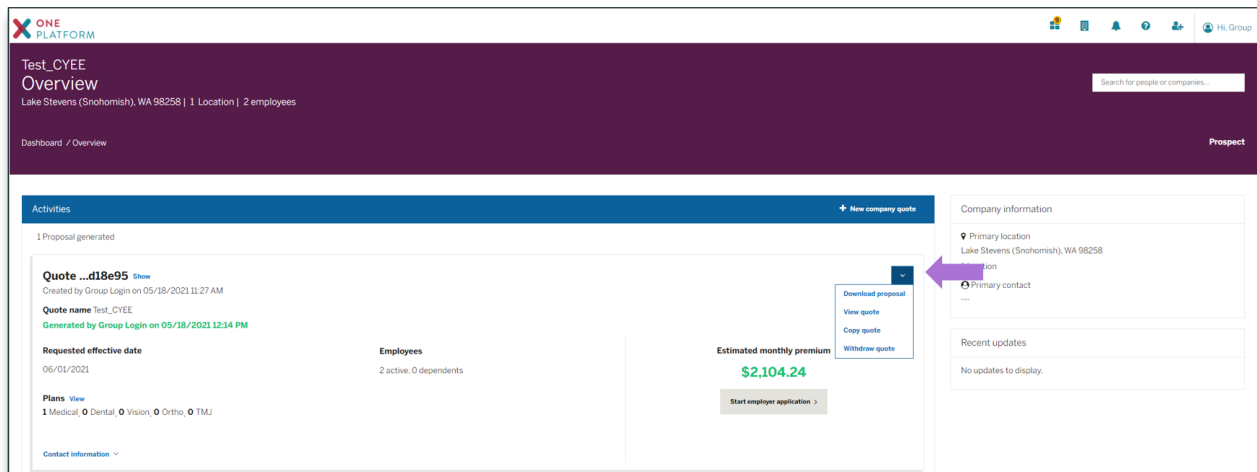
If the quote has not had a proposal generated, you can return to the quote to view, make changes and / or complete the quote.

- If accessing from the Case search, select the case name
- If accessing from the Work queue, click 'Resume'
- The Profile page will display, allowing you to progress through the flow making any desired changes.
- If you access the quote and the page is read only, a proposal was already generated which locks the quote. You can utilize the Copy quote feature if you wish to make changes.

Copy Quote

Once proposals are generated, the quotes will be locked but you can choose to copy the quote and make changes to the copy.

- Access the Overview page by searching for the case through Case Search
- Click the menu option and select 'Copy quote'



- The Profile page will display allowing you to make any desired changes. The Requested effective date field and desired plans will need to be selected but all other fields will be prefilled with the data from the original quote.

Initiate Group Enrollment

- Access the Overview page for the desired quote

Test_CYEE Overview
Lake Stevens (Snohomish), WA 98258 | 1 Location | 2 employees

Dashboard / Overview Prospect

Activities + New company quote

1 Proposal generated

Quote ...dl8e95 [Show](#)
Created by Group Login on 05/18/2021 11:27 AM

Quote name Test_CYEE
Generated by Group Login on 05/18/2021 12:14 PM

Requested effective date
06/01/2021

Employees
2 active, 0 dependents

Estimated monthly premium
\$2,104.24

[Start employer application](#)

Plans [View](#)
1 Medical, 0 Dental, 0 Vision, 0 Ortho, 0 TMJ

[Contact information](#)

Company information

Primary location
Lake Stevens (Snohomish), WA 98258
1 location

Primary contact
...

Recent updates
No updates to display.

- Click 'Start employer application' button

Employer application

Enrollment census
5 products
2 employees
0 dependents

Plan offerings
Add your plans...

[Cancel enrollment](#)

You can verify the census and provide any additional details to support the employee elections. You can export the current census, enter the additional required information and import the census to speed up the process.

2 employees | 0 dependents | 5 products
Last updated by Group Login on 05/18/2021 11:44 AM

[Add employee](#) [Export census](#) [Replace census](#)

Filter by name, age, ZIP status or coverage... Attention required (0) Sort by:

Employee	ZIP	Status	Dependents	Coverage	
Smith, John M, 58	98043	Active	---	Medical:EE Dental:EE Vision:EE Ortho:EE TMJ:EE	Remove Edit
Smith, Joan F, 55	98043	Active	---	Medical:EE Dental:EE Vision:EE Ortho:EE TMJ:EE	Remove Edit

[Back to overview](#) [Continue to plan offerings](#)

- 'Edit' each employee to complete required fields for initiating enrollment. Fields required for enrollment that were not required in quoting include:
 - First name
 - Last name
 - Hire date
 - SSN
 - Address1
 - Home phone
 - Dependents First name
 - Dependents Last name
 - Dependents SSN

Employee



* Indicates required

* First name

Middle name

* Last name

John

Smith

* Gender

* Date of birth

* Employment

Male

Female

07/09/1962



Active



* Hire date

Salary

* SSN

01/01/2018



\$100,000.00

444-11-7777

* Address 1

Address 2

7001 220th St SW

* ZIP code

98043



Mountlake Terrace,
WA (Snohomish)

* Home phone

Email address

(555) 555-5555

test@premera.com

Coverage

Medical

Dental

EE



EE



Cancel

Save and exit



- Click 'Save and exit' to return to the census
- Repeat editing each employee, completing required fields
- Additional options available

ONE PLATFORM

Employer application

Enrollment census
5 products
2 employees
0 dependents

Plan offerings
Add your plans...

You can verify the census and provide any additional details to support the employee elections. You can export the current census, enter the additional required information and import the census to speed up the process.

2 employees | 0 dependents | 5 products
Last updated by Group Login on 05/18/2021 11:44 AM

Filter by name, age, ZIP status or coverage... Attention required (0) Sort by

Employee	ZIP	Status	Dependents	Coverage
Smith, John M, 58	98043	Active	---	Medical:EE Dental:EE Vision:EE Ortho:EE TMJ:EE
Smith, Joan F, 55	98043	Active	---	Medical:EE Dental:EE Vision:EE Ortho:EE TMJ:EE

[Back to overview](#) [Continue to plan offerings](#)

- Employees can be added by clicking the 'Add employee' link from the census
- Employees can be removed by clicking the 'Remove' link for the desired employee
- If you wish to export the census and make changes externally, from the Enrollment census page
 - click 'Export census'
 - the current census data will be exported in Excel
 - open the template, update applicable information and save the spreadsheet
 - click 'Replace census' and import the updated spreadsheet

ONE PLATFORM

Employer application

Enrollment census
5 products
2 employees
0 dependents

Plan offerings
Add your plans...

You can verify the census and provide any additional details to support the employee elections. You can export the current census, enter the additional required information and import the census to speed up the process.

2 employees | 0 dependents | 5 products
Last updated by Group Login on 05/18/2021 11:44 AM

Filter by name, age, ZIP status or coverage... Attention required (0) Sort by

Employee	ZIP	Status	Dependents	Coverage
Smith, John M, 58	98043	Active	---	Medical:EE Dental:EE Vision:EE Ortho:EE TMJ:EE
Smith, Joan F, 55	98043	Active	---	Medical:EE Dental:EE Vision:EE Ortho:EE TMJ:EE

[Back to overview](#) [Continue to plan offerings](#)

- Once all employees are complete, click 'Continue to plan offerings' from the census page.

ONE PLATFORM
HLS, INC.
Employer application

Enrollment census
5 products
2 employees
0 dependents

Plan offerings
Add your plans...

Select which plans the employer is planning to offer their employees. The final premiums will be calculated after employee selections and contributions.

Medical plans (3)

Balance 250 Platinum	Balance 500 Platinum	Balance 500 Gold
Individual deductible (In-network/Out of network) \$250 / \$500	Individual deductible (In-network/Out of network) \$500 / \$1,000	Individual deductible (In-network/Out of network) \$500 / \$1,000
Family deductible (In-network/Out of network) \$500 / \$1,000	Family deductible (In-network/Out of network) \$1,000 / \$2,000	Family deductible (In-network/Out of network) \$1,000 / \$2,000
Individual OOP (In-network/Out of network) \$4,000 / Unlimited	Individual OOP (In-network/Out of network) \$5,000 / Unlimited	Individual OOP (In-network/Out of network) \$8,550 / Unlimited
Family OOP (In-network/Out of network) \$8,000 / Unlimited	Family OOP (In-network/Out of network) \$10,000 / Unlimited	Family OOP (In-network/Out of network) \$17,100 / Unlimited
Coinurance 15% / 50%	Coinurance 15% / 50%	Coinurance 20% / 50%
Premium (monthly) \$2,104.24	Premium (monthly) \$2,005.94	Premium (monthly) \$1,734.64

Total estimated monthly premiums: \$0.00

Note: if there's only one product/plan, it will default to selected

- Click 'Add' for each desired plan to enroll and click 'Continue'

ONE PLATFORM
HLS, INC.
Employer application

Enrollment census
5 products
2 employees
0 dependents

Plan offerings
3 medical selected

Select which plans the employer is planning to offer their employees. The final premiums will be calculated after employee selections and contributions.

Medical plans (3)

Balance 250 Platinum	Balance 500 Platinum	Balance 500 Gold
Individual deductible (In-network/Out of network) \$250 / \$500	Individual deductible (In-network/Out of network) \$500 / \$1,000	Individual deductible (In-network/Out of network) \$500 / \$1,000
Family deductible (In-network/Out of network) \$500 / \$1,000	Family deductible (In-network/Out of network) \$1,000 / \$2,000	Family deductible (In-network/Out of network) \$1,000 / \$2,000
Individual OOP (In-network/Out of network) \$4,000 / Unlimited	Individual OOP (In-network/Out of network) \$5,000 / Unlimited	Individual OOP (In-network/Out of network) \$8,550 / Unlimited
Family OOP (In-network/Out of network) \$8,000 / Unlimited	Family OOP (In-network/Out of network) \$10,000 / Unlimited	Family OOP (In-network/Out of network) \$17,100 / Unlimited
Coinurance 15% / 50%	Coinurance 15% / 50%	Coinurance 20% / 50%
Premium (monthly) \$2,104.24	Premium (monthly) \$2,005.94	Premium (monthly) \$1,734.64

Total estimated monthly premiums: \$1,734.64 - \$2,104.24

Back to enrollment census

Continue

- Once all desired products/plans have been selected, click 'Continue'.

Complete Employer Application

- Initiate the enrollment process by completing steps defined within 'Initiate Group Enrollment'

Profile

The screenshot displays the 'Employer application' form on the ONE PLATFORM. The form is divided into several sections with tabs at the top: Profile, Eligibility, Contributions, Current coverage, and Federal requirements. The 'Profile' tab is active, showing fields for company information, addresses, and contact details. The 'Company information' section includes fields for Company name, Common name, Federal tax ID / EIN, and Ownership type. The 'Addresses' section has fields for Primary address (Address 1, Address 2, ZIP code) and Mailing address (Address 1, Address 2, ZIP code). The 'Group contact' section includes fields for First name, Last name, Email address, Title, and Mobile. There are checkboxes for 'Billing address is the same as primary address' and 'Billing contact is the same as group contact'. A purple arrow points to the 'Continue to eligibility' button at the bottom right.

- You can enter a unique billing address if desired by unselecting the 'Billing address is the same as primary address'
- You can enter a unique billing contact by unselecting the 'Billing contact is the same as group contact'
- Complete all required and desired fields on the Profile page and click 'Continue to eligibility' when complete

Eligibility

ONE PLATFORM

Employer application

Profile **Eligibility** **Contributions** **Current coverage** **Federal requirements**

Employee count

*** Total employed** *** Minimum hours**

Employee enrollment

*** Total enrolled** **Medical**

*** Total number of eligible employees enrolling**

*** Total number of employees not eligible to enroll:**
Employees working less than the minimum number of hours required per week, are in a probationary period, are temporary or seasonal, not in covered class.

*** Total number of employees not enrolling due to coverage under other group coverage or a Government plan (Medicare, CHAMPUS/Veterans or Military):**

*** Eligible employees waiting enrollment without other group coverage:**
Note: Individual Coverage is not a valid reason.

Do you have eligible employees in Hawaii?

Please note: Employees who reside in the state of Hawaii are not eligible for coverage.

Date profile

*** Do you want to waive the probationary period for all current qualifying employees for this enrollment period?**

*** Please select the appropriate date profile to specify when the benefits should be effective**

*** Please select the appropriate wait period for your group**

[Back to profile](#) [Continue to contributions](#)

- Enter required eligibility fields and click 'Continue to contributions'

Contributions

ONE PLATFORM

Employer application

Profile **Eligibility** **Contributions** **Current coverage** **Federal requirements**

*** Please select the amount the employer will be contributing towards the cost of coverage.**

Medical

*** Employees** *** Dependents**

[Back to eligibility](#) [Continue to current coverage](#)

- Enter required contribution fields and click 'Continue to current coverage'

Current Coverage

The screenshot shows the 'Employer application' interface in the ONE PLATFORM. The top navigation bar includes tabs for 'Profile', 'Eligibility', 'Contributions', 'Current coverage', and 'Federal requirements'. The 'Current coverage' tab is active, showing a progress indicator and a message: 'Required fields must be completed to continue'. Below the tabs, the form is divided into sections. The 'Premiera questions' section contains a question: 'Is this plan intended to replace any existing group coverage?' with 'Yes' and 'No' buttons. The 'Coverage information' section contains a question: 'Has this group had medical coverage within the past 90 days?' with 'Yes' and 'No' buttons. Below this, there are fields for 'Current carrier' (a dropdown menu showing 'ABC Health & Welfare'), 'Group number' (a text field with '123456789'), and 'Proposed termination date' (a date field with '05/31/2023'). At the bottom right, there is a purple arrow pointing to a button labeled 'Continue to Federal requirements'.

- Enter required fields for current coverage and click 'Continue to Federal requirements'

Federal Requirements

ONE PLATFORM

Employer application

Search the people or companies

Profile | **Eligibility** | **Contributions** | **Current coverage** | **Federal requirements**

Federal requirements

* Indicates required

We strongly urge you to consult legal counsel in answering the questions below. The summaries below are not intended to be or to replace legal advice on your particular group. It is the group's responsibility to inform Premiera if facts change which would cause the group's answers below to change.

* **Is the group subject to the Federal Medicare Secondary Payer (MSP) laws that prohibit discrimination against individuals with group coverage based on their (or a spouse's) current employment status who have Medicare due to age?**

☐ Yes. This plan will be pay primary to Medicare as required by federal law.

☒ No. Under 20 Employees.

Helpful Hint: These laws do not apply to any employee who did not employ 20 employees or more for each working day in each of 20 or more calendar weeks in either the current or preceding calendar year. For these small group plans, Medicare pays primary to the group plan. "Employees" include all full-time and part-time employees as well as those employees on disability and subject to FICA taxes. Also count leased employees if they would be counted as employees under §1401(c)(2) of the Internal Revenue Code (IRC) and count employees employed by an "affiliated service group" under IRC §1401(c) or by employees considered to be a "single employer" under IRC §510(a) or (b).

* **Is the group subject to the Federal Medicare Secondary Payer (MSP) laws that prohibit discrimination against individuals with group coverage based on their (or a family member's) current employment status who have Medicare due to disability?** * **Please also provide the number of employees who now meet Medicare's definition of "employee".**

☐ Yes. This plan will be pay primary to Medicare as required by federal law.

☒ No. Under 200 Employees.

Helpful Hint: These laws do not apply to any employee who did not employ 20 employees or more for each working day in each of 20 or more calendar weeks in either the current or preceding calendar year. For these small group plans, Medicare pays primary to the group plan. "Employees" include all full-time and part-time employees as well as those employees on disability and subject to FICA taxes. Also count leased employees if they would be counted as employees under §1401(c)(2) of the Internal Revenue Code (IRC) and count employees employed by an "affiliated service group" under IRC §1401(c) or by employees considered to be a "single employer" under IRC §510(a) or (b).

* **Is the group subject to ERISA?** * **Enter the month the ERISA plan year ends:**

☐ Yes

☒ No

Month: February Year: 2020

* **Is the group subject to COBRA?**

☐ Yes

☒ No

* **Give the legal reason for exemption**

Helpful Hint: Generally, these laws apply to any non-church employer that employed 20 or more employees on at least 10% of its working days in the preceding calendar year. "Employees" include full-time and part-time common-law employees. Self-employed workers as defined by IRC §401(c)(1), corporate directors, or independent contractors should not be counted unless they qualify as common-law employees. "Employees" may also include leased employees who qualify as common-law employees. Please see COBRA requirements at 26 CFR §4.408(a)-2 Q&A 5 for guidance on counting a part-time employee as a fraction of a full-time employee.

[Back to current coverage](#) [Submit and continue](#) [Back to top](#)


- Complete required fields and click 'Submit and continue' button

Submit Application

ONE PLATFORM

You are about to submit the application

You will not be able to edit the application after it's submitted. You may view the enrollment application on Ds 032321's company overview.



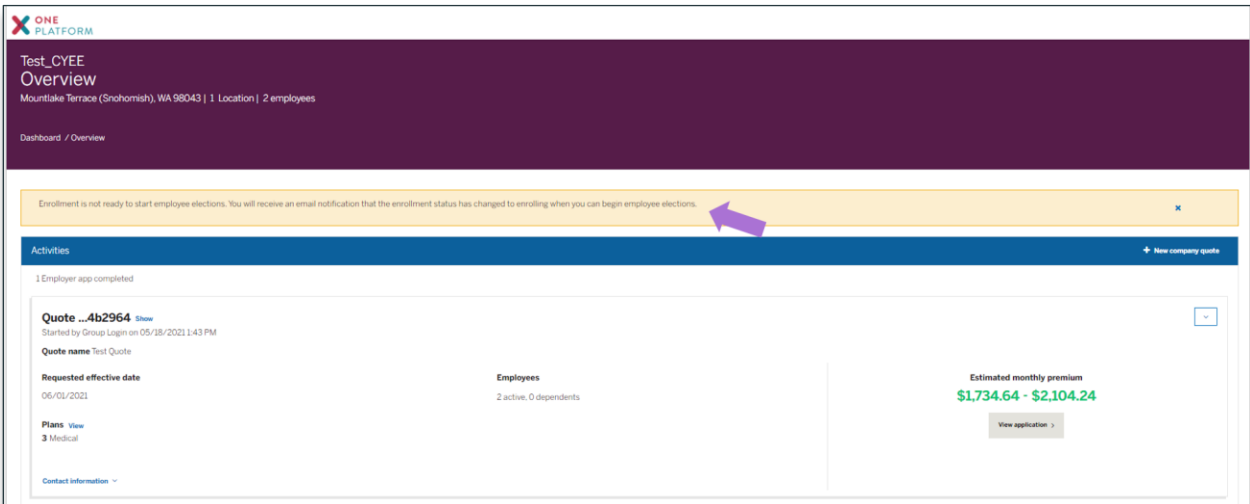
Ds 032321

[Cancel](#) [Submit application >](#)

- Click 'Submit application'

Manage Enrollment

- Initiate the enrollment process by completing steps defined within 'Initiate Group Enrollment'
- Once the employer application has been submitted, you'll be returned to the Overview page.



- After a short time, the page will refresh, indicating the employer application has been submitted and you can start enrolling the employees.

ONE PLATFORM

Test_CVEE Overview
Mountlake Terrace (Snohomish), WA 98043 | 1 Location | 2 employees

Dashboard / Overview

Employer application has been submitted.
You can start enrolling the employees.

Activities [New company quote](#)

1 Enrolling

Quote ...4b2964 [Show](#)
Started by Group Login on 05/18/2021 1:43 PM

Quote name Test Quote

Enrollment status

COMPLETE	IN PROGRESS	NOT STARTED
0	0	0

2 employees | 0 dependents

[Manage enrollment](#)

Enrollment closes
14
days on June 01, 2021
Coverage effective date: 06/01/2021

Product participation [View details](#)

⚠ 100% required | 0% actual employee participation

3 Medical 0% complete --- /mo

Total monthly premium: ---

[Contact information](#)

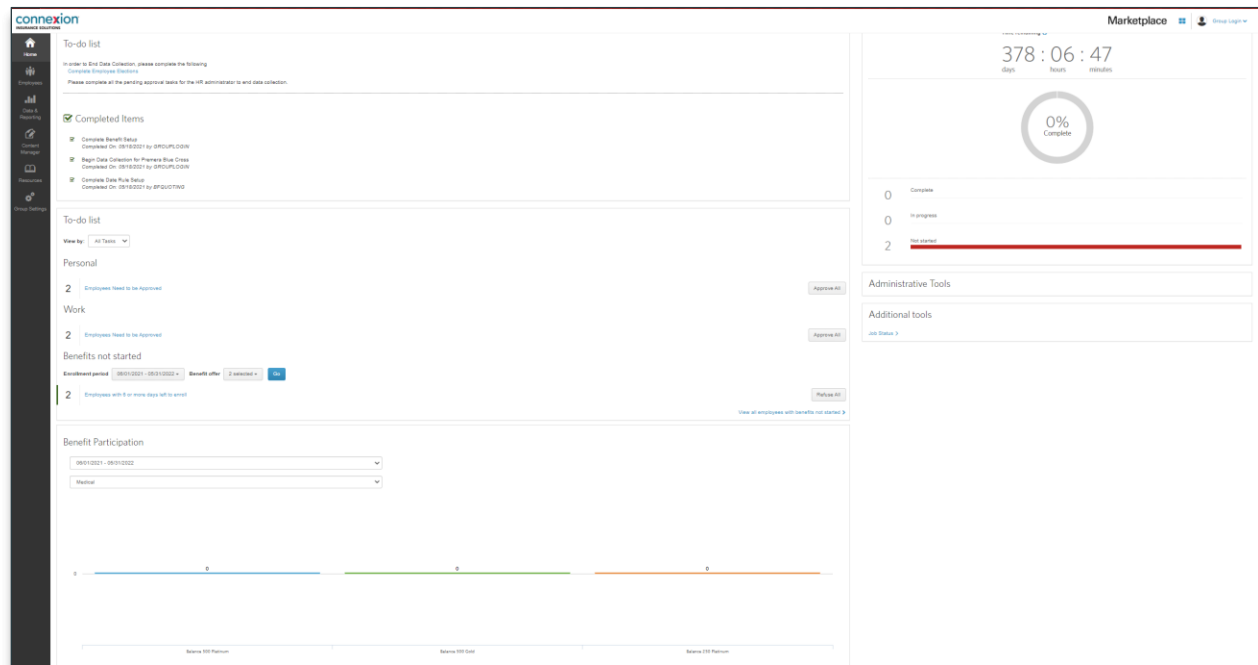
Attachments [Upload documents](#)

Group size attestation form
0 uploaded

Late letter
0 uploaded

- You can choose to View details of any selected plan, Upload documents or Manage enrollment.
- Click 'Manage enrollment' link to access the manage enrollment page the group

Enrollment Center / Home



- The Enrollment Center or Home page is the access point for employee enrollment data
- You can view 'Completed Items', 'To-do list', 'Benefit Participation', 'Export' participation information, 'View all employees', 'Add a new employee', and the percentage of completion is shown within the 'Open Enrollment progress' section.

Employee Enrollment

- Click the 'Complete Employee Elections' link or 'Employees' icon in the left nav

Employee Census

Employee Overview

- Select the desired Action or click the employee name you wish to edit.

Joan Smith
444-11-7778 | joan@premera.com

Joan has 3 pending tasks

Sections Require Approval

Personal

Work

Sections To Be Completed

Premiera Medical Offer - Section not started

Start

Approve All

Approve

View Changes

Benefits Snapshot

Joan Smith is not enrolled in any benefits | Get started >

Employee profile Edit

First Name: Joan
Last Name: Smith
Date of Birth: 02/10/1968
SSN: 444-11-7778
Gender: Female
American Indian/Alaska Native Status: No

Contact

Home phone: 555-555-5555
Personal email: joan@premera.com
Standard Address: 7001 220th St SW, Mountlake Terrace, WA 98043

Work

Hire Date: 01/01/2018
Salary: \$100,000.00 per year
Retired: No

- If there's any Personal/Business information requiring approval, review information and 'Approve'

Joan Smith
444-11-7778 | joan@premera.com

Joan has 1 pending task

Sections To Be Completed

Premiera Medical Offer - Section not started

Start

Benefits Snapshot

Joan Smith is not enrolled in any benefits | Get started >

Employee profile Edit

First Name: Joan
Last Name: Smith
Date of Birth: 02/10/1968
SSN: 444-11-7778
Gender: Female
American Indian/Alaska Native Status: No

Contact

Home phone: 555-555-5555
Personal email: joan@premera.com
Standard Address: 7001 220th St SW, Mountlake Terrace, WA 98043

Work

Hire Date: 01/01/2018
Salary: \$100,000.00 per year
Retired: No

- Click 'Start' to review / select desired benefits

Benefit Details

connexion
INSURANCE SOLUTIONS

Marketplace Group Login

Joan Smith
444-11-7778 test@premera.com

Manage employee

Overview
Benefits details
Dependents
Benefit eligibility
Employee History

EMPLOYEE REPORTS
Employee Detail Report
Employee Benefit Summary Report

Open Enrollment Benefits
Premera Medical Offer

Plan

*Select A Plan Offered By Premera Blue Cross

☒ Balance 250 Platinum

Balance 250 Platinum Details

Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum (COOP Max)	Annual Maximum
250.0	500.0	4000.0	8000.0	Unlimited

[View all plan details](#)

☐ Balance 500 Platinum

Balance 500 Platinum Details

Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum (COOP Max)	Annual Maximum
500.0	1000.0	5000.0	10000.0	Unlimited

[View all plan details](#)

☐ Balance 500 Gold

Balance 500 Gold Details

Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum (COOP Max)	Annual Maximum
500.0	1000.0	8000.0	17100.0	Unlimited

[View all plan details](#)

Decline Coverage

☐ Decline coverage for this person

Next

- Make desired benefit selections and click 'Next'

connexion
INSURANCE SOLUTIONS

Marketplace Group Login

Joan Smith
444-11-7778 test@premera.com

Manage employee

Overview
Benefits details
Dependents
Benefit eligibility
Employee History

EMPLOYEE REPORTS
Employee Detail Report
Employee Benefit Summary Report

Open Enrollment Benefits
Premera Medical Offer

Medical Benefits Accepted

Plan Balance 250 Platinum

Coverage Level

Balance 250 Platinum Details

Individual Deductible	Family Deductible	Individual Out of Pocket Maximum	Family Out of Pocket Maximum (COOP Max)	Annual Maximum
250.0	500.0	4000.0	8000.0	Unlimited

[View all plan details](#)

Select a Coverage Level for Balance 250 Platinum

☒ Employee Only

☐ Employee and Spouse

☐ Employee and Children

☐ Employee and Family

Decline Coverage

☐ Decline coverage for this employee

Next

- Select desired Coverage Level and select 'Next'

Marketplace Group Login

Joan Smith
444-11-7778 joan@premera.com

Manage employee

Overview
Enrollment details
Dependents
Benefit eligibility
Employee History

EMPLOYEE REPORTS
Employee Detail Report
Employee Benefit Summary Report

Open Enrollment Benefits
Premiera Medical Offer

Medical Benefits Accepted

Plan Balance 250 Platinum

Coverage Level Employee Only

Persons Covered

Name	Relationship
Joan Smith	Subscriber

Effective Date
Enter an effective date: 06/01/2021

Next

- Confirm information and click 'Next'

Marketplace Group Login

Joan Smith
444-11-7778 joan@premera.com

Manage employee

Overview
Enrollment details
Dependents
Benefit eligibility
Employee History

EMPLOYEE REPORTS
Employee Detail Report
Employee Benefit Summary Report

Open Enrollment Benefits
Premiera Medical Offer

You may edit this benefit by clicking on the section's corresponding Edit button.

Medical Benefits Accepted

Plan Balance 250 Platinum

Coverage Level Employee Only

Persons Covered

Name	Relationship
Joan Smith	Subscriber

To edit a person's Name or SSN, click the person's name.

Effective Date 06/01/2021

Cancel without Saving Save

Monthly Premium Cost Summary

Total Premium	\$1,052.12
Employer Cost	\$526.06
Employee Cost	\$526.06

- Review information on the Benefit Details page and click 'Save'
- Continue thru each product line; selecting desired plans / coverage level or to decline coverage
- Once all product lines are complete, the Benefit Details page will display showing all selected plans, premium breakdown, coverage level and persons covered
- Select Edit for any information that needs to be modified

connexion
INSURANCE SOLUTIONS

Marketplace Group Login

Home < Back to employees < 1 of 2 > Search by Name or SSN Go

Employees Joan Smith 444-11-7778 joan@premera.com Manage employee

Joan has 0 pending tasks

Benefits Snapshot

Medical Benefits Balance 250 Platinum | Employee Only | Effective as of 06/01/2021 \$526.06 Monthly

Employee profile Edit

First Name: Joan
Last Name: Smith
Date of Birth: 02/10/1966
SSN: 444-11-7778
Gender: Female
American Indian/Alaska Native Status: No

Contact
Home phone: 555-555-5555
Personal email: joan@premera.com
Standard Address: 7501 220th St SW, Mountlake Terrace, WA 98043

Work
Hire Date: 01/01/2018
Salary: \$100,000.00 per year
Retired: No

- If all benefits for the employee have been completed and is accurate, click the 'Employees' icon in the left nav
- Repeat for each employee you're making elections for

connexion
INSURANCE SOLUTIONS

Marketplace Group Login

Home employees View all employees Add a new employee

Employee Census

Including Employees with sections that need to be approved

Add Employees Import Employees and Dependents

7 Active Employees 0 Terminated Employees 0 Dependents

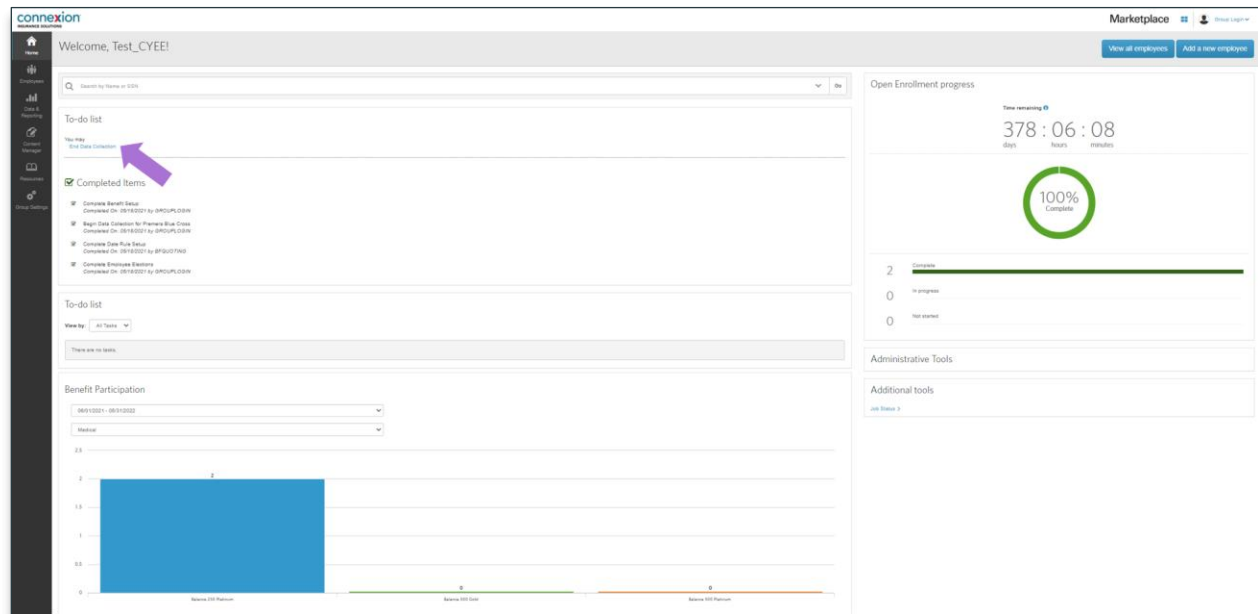
Type	Name	SSN	Login ID	Actions
<input checked="" type="checkbox"/>	Smith, Joan	444-11-7778		+
<input checked="" type="checkbox"/>	Smith, John	444-11-7777		+

Key ☒ Active ☐ Terminated ☐ IRA Exception ☐ Retired ☐ Dependent

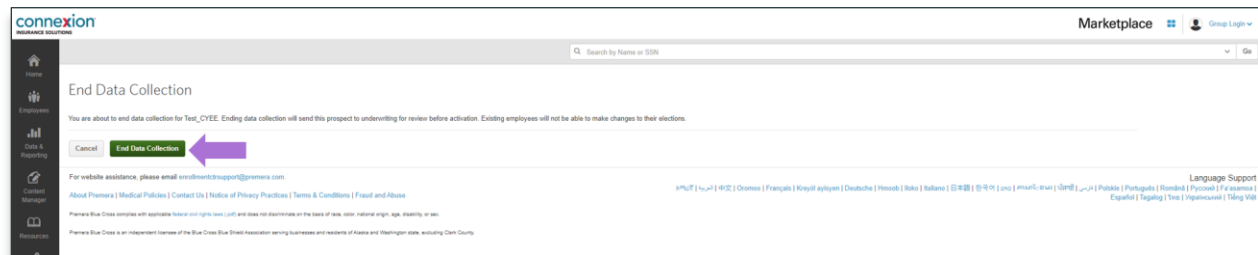
Return to Home

- Click 'Return to Home' or the 'Home' icon in the left nav

End Data Collection



- Click 'End Data Collection'



- Click 'End Data Collection'

Upload Documents

The screenshot shows the ONE PLATFORM dashboard for a user named Test_CYEE. The dashboard has a dark purple header with the platform logo and user information. Below the header, there's a navigation bar with 'Dashboard / Overview' and a 'Prospect' button. The main content area is divided into several sections. At the top, a yellow banner states: 'Employee elections have been completed. Upload any remaining required documents and then submit the enrollment for updated rates.' Below this, the 'Activities' section shows a quote for 'Test Quote' with enrollment status: 2 COMPLETE, 0 IN PROGRESS, 0 NOT STARTED. The 'Product participation' section shows a progress bar for '3 Medical' and '100% complete'. The 'Attachments' section at the bottom shows 'Group size attestation form' and '0 uploaded'. A purple arrow points to the 'Upload documents' link in the top right corner of the dashboard.

The screenshot shows the 'Upload documents' page. At the top, there's a blue header with the text 'Upload documents' and a dropdown arrow. Below the header, a message states: 'Your file must be under 5MB and in a .xlsx, .docx, .pdf, .jpeg, .png, .gif, .bmp or .txt format.' The page contains two document upload sections. The first section is for 'Group size attestation form' and the second is for 'Late letter'. Both sections show '0 uploaded' and a 'View template' link. Each section has a large blue area with the text 'Drag file to upload here (or select from your files)' and a 'Select file' button. A purple arrow points to the 'Select file' button in the 'Group size attestation form' section, and another purple arrow points to the 'Select file' button in the 'Late letter' section.

- Upload any remaining documents by clicking on the 'Upload documents' link and the 'Select file' for the document you wish to upload.

Submit Enrollment

The screenshot displays the 'Test_CYEE Overview' page in the ONE PLATFORM. The page header includes the platform logo, user name 'Test_CYEE', and company details 'Mountlake Terrace (Shoohomah), WA 98043 | 1 Location | 2 employees'. A navigation bar shows 'Dashboard / Overview' and a 'Prospect' button. A yellow banner at the top states: 'Employee elections have been completed. Upload any remaining required documents and then submit the enrollment for updated rates.' The main content area is divided into several sections. The 'Activities' section shows a quote 'Quote ...4b2964' with a 'Submit enrollment' button highlighted by a purple arrow. The 'Enrollment status' section shows a progress bar with '2 COMPLETE', '0 IN PROGRESS', and '0 NOT STARTED'. The 'Enrollment closes' section shows a date '14 Sep or June 15, 2021' and a 'Coverage effective date 06/01/2021'. The 'Product participation' section shows a progress bar for '100% required | 100% actual employee participation' with a 'View details' link. The 'Attachments' section shows a list of documents with a 'View template' link. The right sidebar contains 'Company information', 'Recent updates', and 'Upload documents'.

ONE PLATFORM

Test_CYEE
Overview
Mountlake Terrace (Shoohomah), WA 98043 | 1 Location | 2 employees

Dashboard / Overview Prospect

Employee elections have been completed. Upload any remaining required documents and then submit the enrollment for updated rates.

Activities + New company quote

Quote ...4b2964
Started by Group Login on 05/18/2021 1:43 PM
Quote name Test Quote

Enrollment status

2 COMPLETE 0 IN PROGRESS 0 NOT STARTED
2 employees (0 dependents)
Submit enrollment

Enrollment closes

14
Sep or June 15, 2021
Coverage effective date 06/01/2021

Product participation View details

100% required | 100% actual employee participation

3 Medical 100% complete Avg
Total monthly premium: ...

Contact information

Attachments Upload documents

Your file must be under 5MB and in a .xlsx, .docx, .pdf, .png, .jpg, .gif, .bmp or .tiff format.

Group size attestation form
0 uploaded View template

Company information

Primary location
9905 1st street NE
Mountlake Terrace (Shoohomah), WA 98043
1 location
Primary contact
Test Test
Test@test.com
Office: (000) 000-0000

Recent updates

No updates to display

- Once all documents are uploaded, click 'Submit enrollment'

Group Agreement to Contract

ONE
PLATFORM

Test_CYEE
Overview
Mountlake Terrace (Snohomish), WA 98043 | 1 Location | 2 employees

Dashboard / Overview

Prospect

Employee elections have been completed. Upload any remaining required documents and then submit the enrollment for updated rates.

Activities

1 Agent review

Quote ...4b2964 Show
Started by Group Login on 05/18/2021 1:43 PM
Quote name Test Quote

Enrollment status

2 COMPLETE 0 IN PROGRESS 0 NOT STARTED
2 employees | 0 dependents
Accept and continue

Enrollment closes

14 days on June 01, 2021
Coverage effective date: 06/01/2021

Product participation

100% required | 100% actual employee participation

3 Medical 100% complete \$2,104.24 /mo
Total monthly premium: \$2,104.24

Company information

Primary location
9905 1st street NE
Mountlake Terrace (Snohomish), WA 98043
1 location

Primary contact
Test Test
Test@test.com
Office: (000) 000-0000

Recent updates

No updates to display.

- Click the 'Accept and continue' link to access the Group Agreement to Contract

ONE
PLATFORM

Employer application

Group agreement
Required fields must be completed to continue

Producer agreement
Required fields must be completed to continue

Group Agreement to Contract

This agreement becomes part of the contract to provide health care coverage after 1) the application is signed by you; 2) the application is received and approved by us; and 3) we receive the initial month's premium charges.

You may not assign this contract without our written consent. Any attempt to do so will not have any binding effect on us. You agree to promptly deliver materials and notifications, including benefit booklets, received from us, to all covered employees. You also agree to provide notification regarding the plan's waiting period and special enrollment rights to all eligible employees before their enrollment. You agree to have read this application, and certify that all statements are true and complete. You agree to the terms and obligations stated in this application.

It is understood that provisions of the Health Care Contract, including subscription charges may be amended or changed from time to time, upon our notice to you. All prior applications, to the extent that you have not made changes to them in this application, remain in full force and effect. The complete application consists of this document and the completed Group Master Application/Benefit Selections form. The producer listed in the Producer Agreement to Contract section will remain effective until written notice is given by either party. We are authorized to pay on your behalf: commission, if any, for which you are liable to the above named producer.

You may elect to allow the producer listed in the Producer Agreement to Contract section to act as a group administrator beginning on the group's effective date. This means that the producer/administrator will be able to access membership and billing functions, and obtain information about group members via the Web on behalf of the group. These functions may include, but are not limited to: Reenroll Terminated Members, Request Invoice, Search for a Member, View Benefit Detail, Inquire on Invoice, Inquire on Eligibility, Enroll a Member, Order ID Cards for an individual or whole family, View Group Demographic Information, Cancel a Member.

As required by RCW 48.43.005(3), to qualify for group coverage as a group of one, a self-employed individual or sole proprietor must: (1) have been employed by the same employer or small group for at least twelve months prior to this application; and, (2) have derived at least seventy-five percent of income from a trade or business for which the appropriate Internal Revenue Service forms have been filed for the previous tax year. A self-employed individual or sole proprietor in an agricultural trade or business must have derived at least fifty-one percent of income from the trade or business for which the appropriate Internal Revenue Service forms have been filed for the previous tax year.

New groups, with a plan effective date in the middle of their plan year, can request the cost sharing (e.g. deductible, coinsurance and copay) amounts accrued prior to the plan effective date be credited to their new plan.

I affirm the contribution and participation requirements in EMPLOYER CONTRIBUTION AND EMPLOYEE PARTICIPATION REQUIREMENTS are followed. (Applicable to groups renewing outside open enrollment).

Do you elect and authorize Premier Blue Cross to provide such information to the producer?

Yes

No

I affirm that this group has a physical location in the state of Washington, and I am authorized to sign on behalf of the group?

Yes

No

By entering my name, I attest to the following: I am signing the Group Master Application electronically and my electronic signature is the legal equivalent of my manual signature; I am authorized to sign on behalf of the group. The group agrees to the delivery of this agreement by Carrier making the terms available under the Carrier Information section of this site.

Group Representative

Producer Name

Date
05/25/2021

Title
Broker

Please Note: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Back to overview

Continue to signature

39

- Click the 'Continue to signature' button

ONE PLATFORM

Test_CYEE

Employer application

Group agreement Signed by Producer Name on 05/18/2021

Producer agreement Required fields must be completed to continue

* Indicates required

Producer agreement

I, the producer, attest to the following: I am signing this producer agreement to contract of the Group Master Application electronically and my electronic signature is the legal equivalent of my manual signature. You, the producer(s), certify that you have met with the group submitting this agreement and that you have fully explained its contents. You have discussed coverage, eligibility, the effect of misrepresentations, termination provisions and subscription charge billing administration.

Signature

☒ Received wet signature A wet signature from the employer has been received. I acknowledge the receipt of the signature and provide my signature as a testimony to this fact.

☒ Click to sign on behalf of the employer.

[Back to group agreement](#) [Sign application](#)

- Click the check box acknowledging a wet signature has been received, click the 'sign on behalf of' field to electronically sign and click the 'Sign application' button

ONE PLATFORM

Test_CYEE

Overview

Mountlake Terrace (Snohomish), WA 98043 | 1 Location | 2 employees

Dashboard / Overview Prospect

Activities [New company quote](#)

1 Submitted for review

Test_CYEE's enrollment has been submitted for review. You will receive an email once the underwriter has accepted or declined the enrollment.

Quote ...4b2964 [Show](#)

Started by Group Login on 05/18/2021 1:43 PM

Quote name Test Quote

Enrollment summary

100% Employee participation 1 PRODUCTS

2 employees | 0 dependents [View employee details](#)

Open enrollment closed on May 18, 2021

Coverage effective date: 06/01/2021

Product participation [View details](#)

100% required | 100% actual employee participation

3 Medical 100% complete \$2,104.24/mo

Total monthly premium: \$2,104.24

Company information

Primary location 9905 1st street NE Mountlake Terrace (Snohomish), WA 98043 1 location

Primary contact Test Test Test@test.com Office: (000) 000-0000

Recent updates

No updates to display.

- The enrollment has been submitted for review. You will receive an email once the underwriter has accepted or declined the enrollment.
- Status of the activity is updated to 'Submitted for review'