

Express Applications Broker User Guide



MANAGING EMPLOYERS

→ Once logged in, you will be sent to the **Employer Manager** screen.

A Broker Administrator can view all employers under all brokers, and a Broker User can only view their employers.

→ To add a new employer, click **Add Employer**.

→ To edit an employer, click **Employer Name**.

→ To view a specific employer's employees, click **Add/Edit**.

→ To batch print employer applications, click **Application Status**.

Application Status will update as your employees complete the online application process.

→ To reset an employer's password, click **Reset**, which is located to the left of the employer's name.

	Status	Employees	Employer Name	User ID	Broker Contact	Count	Application Status	Labels	Select
Reset	Active	Add/Edit	Acme Warehouse	AJohnson123	Anderson, Jake	54	20 Complete	View	<input type="checkbox"/>
Reset	Active	Add/Edit	Bank of Trust	KBreen64751	Brown, Joe	40	0 Complete	View	<input type="checkbox"/>
Reset	Active	Add/Edit	Coffee House International	LVand20120	Brown, Joe	12	10 Complete	View	<input type="checkbox"/>
Reset	Active	Add/Edit	Midwest, Inc.	GHalvers8945	Smith, Paul	22	22 Complete	View	<input type="checkbox"/>

MANAGING EMPLOYERS

→ The **Add/Edit Employer** screen allows you to add an employer. Employer Name, First Name, Last Name and Effective Date are required.

A list of coverages and carriers are available for you to assign to your employer and their employees.

You have the ability to allow a particular group to print their own forms once the application process is completed. This is useful for face-to-face visits where signatures are needed.

To disable this feature, select **No** in the **Allow Employees to Print Apps** drop-down.

If the electronic signature is not available, or you want your employees to have the ability to print and sign their application or health questionnaire, do not disable this feature.

Add/Edit Employer

Status Active Inactive

* Employer Names:

* First Name:

* Last Name:

Email:

Address:

City:

State:

Zip:

Phone:

Fax:

Broker:

Broker Email:

Message Field:

Coverages:

- Medical
- Dental
- Vision
- Short Term Disability
- Long Term Disability

Carriers:

- Acme Med
- Enterprise Carrier
- Active Test Carrier

MANAGING EMPLOYEES

➔ Once logged in, you will be sent to the **Employee Manager**.

A Broker can access this screen by clicking on the corresponding **Add/Edit** link as displayed in the **Employer Manager**.

First Name	Last Name	User ID	Email	Status	Select
David	George	DGeor1235	...	Active	<input type="checkbox"/>
Francis	Harris	AHarr5445	...	Active	<input type="checkbox"/>
Joe	Dawson	JDaw9994	...	Active	<input type="checkbox"/>
Sean	Myers	SMyer5420	...	Active	<input type="checkbox"/>
Dee	Swanson	DSwan4781	...	Active	<input type="checkbox"/>
John	Davis	ADav8455	...	Active	<input type="checkbox"/>

➔ To add a new employee, click **Add Employee**.

➔ To edit an employee, click **Edit**.

➔ To view or print an employee’s application, click **Print**.

➔ To reset an employee’s password, click **Reset**, which is located to the left of the employee’s name.

➔ When an employee is added, the system automatically assigns a User ID for the employee, which is immediately visible on the **Employee Manager** screen.

➔ Express Applications allows you to utilize the health applications even for employers which do not require health underwriting. When a Broker selects the **Skip Health Questions** option on the **Add/Edit Employer page**, the system’s health questionnaire will not be displayed to the employees. This allows employees to enter their personal and family information, benefit selection, and other non-health related information to complete and sign their applications.

If employees had already completed their health questionnaire prior to the **Skip Health Questionnaire** selection, the employees’ health information will be erased.

Add/Edit Employee

Employee: [Name] Status: Active Inactive

* First Name: [] Middle Initial: [] * Last Name: [] Social Security Number: [] Email: [] Address: [] City: [] State: [] Zip: [] County: [] Home Phone: [] Work Phone & Ext: [] Mobile: [] Fax: [] Marital Status: [] Date of Birth: [] Gender: []

Effective Date: [] Reason For Enrollment: [] * If Other, please describe: [] * If COBRA continuation, please enter Start Date: [] End Date: [] * If retired, please enter Retirement Date: []

Employee Type: [] Occupation or Duties/Job Title: [] Salary: [] Date of Hire: [] Full-Time Employment Date: [] Hire Date: [] Hours Worked per Week: []

[Save] [Return]

Add/Edit Employer

Enter information for the employer.

Please NOTE, changing the carriers assigned to an employer after employees have already used the system will invalidate any existing employees applications. Data will not be erased, but these employees will have to go through the application process again before their applications can be printed.

Allow employees to view applications? []

Employees default enrollment reason []

Status: Active Inactive

Skip Health Questionnaire (selecting "yes" will ERASE all current health data for all employees associated with this employer): No Yes

New Hire Mode: No Yes

Primary Care Providers: Ask employees to supply PCP information when completing applications

* Employer Name: [] * First Name: [] * Last Name: []

[Save] [Return]

CENSUS UPLOAD

Employees

→ Employers can add multiple employees at one time by using the **Census Upload** feature.

The screenshot shows the 'Employees' interface. At the top, there is a section labeled 'Add Employee' with a search bar and 'Search' and 'Clear' buttons. Below that is a section labeled 'Census' with a 'Browse...' button, an 'Upload' button, and a link labeled 'example'.

To ensure the proper information is inserted in the appropriate fields, click **Example** to view an example spreadsheet to be used as a template for the information and format.

→ There are several fields that can be included, but only First Name and Last Name are required. The same spreadsheet can be edited and uploaded again without duplicating any records in the system.

1	Last Name (REQUIRED)	SSN	Address 1	Address 2	City	State	Zip	Job Title	Home Phone	Work Phone	Email	Date of Hire	Eff Date	DOB	GENDER	Salary
2	last0	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
3	last1	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
4	last2	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
5	last3	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
6	last4	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
7	last5	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
8	last6	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
9	last7	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
10	last8	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
11	last9	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
12	last10	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
13	last11	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
14	last12	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
15	last13	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
16	last14	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00

TIP: Do not delete row one, as it is a required field. Improper formatting will prevent the census from uploading into Express Applications.

Correct formats include:

- o State: two letter abbreviation
- o Date: MM/DD/YYYY
- o Gender: M or F

→ To add multiple employees, click **Browse** and select the appropriate spreadsheet. Click **Upload** to add the information from the spreadsheet to the **Employee Manager**.

→ To create a spreadsheet of employees already in the system, click **Export Census**.

Employees

Search Clear

Upload example

Export Census

PRINT EMPLOYEE MATERIALS

EMPLOYEE INSTRUCTION LETTER

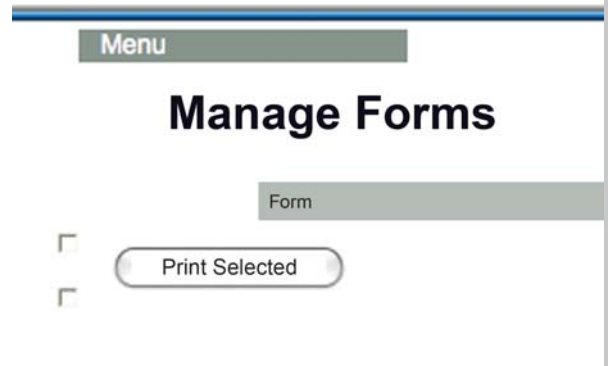
→ From the Employer screen, click **Manage Forms** to print an instruction letter for employees.

→ On the **Manage Forms** screen, check the BenefitMall instruction letter under the **Standard Employer** category. Click **Print Selected**, and Express Applications creates a letter for each employee.

The **Select to Email Instructions** screen displays if the employees' email addresses are available in Express Applications. The instruction letter can be emailed to employees after the employer checks the box at the bottom of the screen.

Employers

Email	Broker Contact	Count	Manage Forms
		1	Forms
		1	Forms
		76	Forms



EMPLOYEE LABELS

→ Employee labels can be printed if you choose to develop a packet for employees with login information. The labels include the employees' User Name and initial password.

→ On the **Employers** screen, click **View** in the **Labels** column to download a PDF of the labels.

→ The label template is **Avery 5160**.

Employers

Manage Forms	Application Status	Labels
Forms	0 complete	View
Forms	1 complete	View
Forms	76 complete	View

TIP: If the password is listed as "password", the employee has not logged into Express Applications. If an employee has logged into the system, it will show "confidential" as the password.

EMPLOYEE APPLICATION

➔ After logging in, active employees are sent to the **Application Agreement** screen.

This screen includes liability information and directions.



➔ The **Employee Information** screen inquires about marital status, dependents, date of hire and more.

Enrollment Information
 Employer: jp enterprises
 Reason for Enrollment: New Hire
 Effective Date: 12/31/2006

Employee Information

Social Security Number	Birth Date	Birth State	Gender	Marital Status	Marital Event Date
125554587	10/14/1983	Other	Male	Married	01/01/2000

First Name: john Middle Initial: J Last Name: doe
 Address: 123 east harbor rd
 City: spokane St: WA Zip: 99207 County: spokane
 E-Mail: john@instantbenefits.com
 Home Phone: 2536528352 Work Phone & Ext: 4521586521 Mobile Phone: Fax:
 Height: 5'6" Weight: 140 Do you have dependent children? Yes
 If you speak a language other than English as a primary language, please specify:

Employment Information

Are you an Owner/Officer?	Occupation, Job Title, or Duties	Hire Date	Employment Status	Full-time Employment Date
Yes	System analyst	10/13/2006	Full Time	10/14/2006

Hours Worked per Week: 40 Salary: 40000 Salary Cycle: Hourly

➔ The **Benefit Selection** screen allows the employee to choose the coverage type for themselves and spouse/dependent (if applicable).

Benefit Selection

Select the coverages you would like to enroll for yourself and dependents.

Previous Continue

I am applying for coverage for: (check all that apply)

	Myself	My Spouse	My Dependents
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Previous Continue

EMPLOYEE APPLICATION

→ The **Health Conditions** screen displays only if the conditions relate to the **Health Categories** the employee selected.

The employee selects from the conditions displayed and continues to the next section to enter details about the chosen conditions.

→ The **Carrier Specific Health Conditions** screen displays only if the carrier requires additional health information.

→ Details from all conditions are entered in the **Health Condition Details** screen.

Only fields in yellow are required, but more information can be provided if necessary.

→ The **Medication Information, Current and Previous Coverage**, and **Medicare Information** screens display if the employee indicates **yes** to taking any prescription medications, or has current or has had previous coverage (including Medicare).

Health Conditions

Have any covered members ever been treated for or diagnosed with any of the following conditions?
Check off all related conditions for each category that you said "yes" to on the prior page. You will then have a chance to fill out some details relating to that condition on the next page.
You must select at least one condition for each displayed category.

Skin Diseases and Disorders

<input checked="" type="checkbox"/> Allergy	<input type="checkbox"/> Eczema
<input type="checkbox"/> Other skin disease, disorder or problem	<input type="checkbox"/> Skin Disorder
<input type="checkbox"/> Skin Ulcer	

Musculoskeletal System

<input checked="" type="checkbox"/> Ankylosing Spondylitis	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Back Disorder	<input type="checkbox"/> Bone Disorder
<input type="checkbox"/> Bone Infection	<input type="checkbox"/> Carpal Tunnel
<input type="checkbox"/> Connective Tissue Disorder	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Herniated Disc	<input type="checkbox"/> Joint Disorder

Carrier Specific Health Conditions

Please answer the following carrier specific health questions to the best of your knowledge and provide any required additional details.

Currently taking prescribed medication(s) for a condition not otherwise listed?

Do you have any current or previous insurance coverage (health, dental, life, etc) other than what has been provided to you by your current employer?

Are you or your spouse covered by Medicare?

Has any named person incurred medical expenses or claims exceeding \$10,000 in the past 24 months

Name	Condition	Select
john.doe	Currently Disabled	<input type="checkbox"/>
john.doe	Ankylosing Spondylitis	<input type="checkbox"/>
mari.patel	Currently Disabled	<input type="checkbox"/>
mari.patel	Skin Allergy	<input type="checkbox"/>

Family Member: Condition:

Details for: john.doe - Skin Allergy

Condition Diagnosis/Treatment Details:

Taking medications associated to this condition?

Ongoing/Chronic Condition:

Last Treated Date: Physician Name:

First Treated Date: Address:

Ongoing City: State: Zip:

Treatments?

Ongoing Phone:

Symptoms?

Onset Date: Test(s)

Diagnosis Date: Administered:

Hospital Date: Complications/Residual Problems:

Days in Hospital:

Name	Medication	Select
john.doe	ibuprofen	<input type="checkbox"/>
mari.patel	ibuprofen	<input type="checkbox"/>

Family Member:

Condition:

Medication:

Reason:

Still Prescribed: Date Last Prescribed: Date First Prescribed:

Dosage: Amount Per Day: Refills:

EMPLOYEE APPLICATION

→ The **Application Review** screen gives the employee a summary of their application.

If changes are necessary click **Edit**, and the employee is directed to revise their information.

Review

Please review your information. If you find an error or omissions you can return to the appropriate part of the application to correct the information.

Employee Information				
Employee Name	SSN	Date of Birth	Hire Date	Marital Status
John Doe	123456789	10-14-83	10-13-08	Married

Dependent Information			
Dependent Name	SSN	Birth Date	Relation
Mark Patel	123456789	01-01-00	Child
Jack Patel	943789012	04-05-88	Child
James Patel	154567890	01-01-00	Grandchild
Sarah Patel	102456789	01-01-00	Spouse
Greg Patel	321567890	01-01-00	Stepchild
Julie Patel	123456789	01-01-00	Child

Enrollment Status			
Type of Coverage	Status for Myself	Status for My Spouse	Status for My Dependents
Medical	Enrolled	Enrolled	Enrolled
Dental	Enrolled	Enrolled	Waiting coverage because Cost
Vision	Enrolled	Waiting coverage because Cost	Waiting coverage because Choose to be without insurance

Current or Previous Coverage	
Family Member	Policy Number
John Doe	A1125pp

Medicare Information								
Family Member	Part A	Effective Date	Part B	Effective Date	Part C	Effective Date	Part D	Effective Date
Myself	Yes	1/1/2008			Yes	1/1/2008		

→ The **Signature Box** screen allows the employee to electronically sign the application, if needed.

The employee records an electronic copy of their signature by using the computer mouse. Once recorded in the system, the signature displays on any application the employee completes and agrees to electronically sign.

Signature Box

TIP: Java is required for the electronic copy of the signature. Employees will not have a complete application if they exit after this step. All employees must continue to the application review in the next step.

→ The **Print Applications** screen displays when the employee completes the application process.

Each employee is required to review, print and sign each application as instructed.

Print Applications

IMPORTANT - PLEASE READ CAREFULLY BEFORE SUBMITTING THE ENROLLMENT FORMS

Step 1: You will need to have Adobe Acrobat Reader 6.0 installed on your computer to use the "Printable Version" of the insurance applications. If you do not have this click on the "Get Acrobat Reader" icon below and follow the directions on how to download this program for free. Once you have downloaded the program, you will open it to install. You will then be able to view and print your application(s). If you do not need Adobe Acrobat, continue to Step 2.

Step 2: Please review the application(s) to make certain that they are completed thoroughly. If an application is incomplete, the processing of your application(s) may be delayed.

Step 3: You may print the application(s) for your records. By clicking on a link below, Adobe Acrobat will open. You can print the application(s) from Adobe by clicking Print menu.

→ The **Printable PDF Documents** includes all information provided by the employee during the application process.

Each application includes an **Overflow** page that provides additional information such as additional dependents, health conditions and more.

For Employer Use NEW HIRE LATE ENROLLMENT STATUS CHANGE RETIREE EARLY RETIREE COBRA

NAME OF EMPLOYER: **Demo, Inc.** GROUP NUMBER: _____ HIRE DATE: **02/06/2000** EFF. DATE: **01/01/2001**

The following information is for your employers' records. Before submitting your application, please review all information to be sure it is complete. Then fold the application in half so this page is facing out, and staple.

I. Employee Information					
FIRST NAME	MI	LAST NAME	DATE OF BIRTH	HRS. WORKED PER WK.	HIRE DATE
Sara		Johnson	05/05/1975	33	02/06/2000
HOME ADDRESS - STREET		CITY	STATE	ZIP CODE	COUNTY
321 Some Street		Somecity	JD	83815	Somecounty

EMPLOYEE APPLICATION


➔ If electronic signature is enabled, the employee must open the PDF for each carrier and the appropriate health questionnaire. After opening the PDF, the employee must read the Terms and check the appropriate box to show they agree with the terms.

The employee must complete this process for each form that is being electronically signed, and then click **Complete Enrollment**. This process is not complete until the employee clicks this button.

Once the employee has completed this process, the broker will be able to print the completed forms with the electronic signature on each document.

If the electronic signature is not enabled, the employee must print and sign the applications and health questionnaire for submission.

Please read all agreement terms and check to complete enrollment and to electronically sign your applications.
You must view all electronically signed forms by clicking their links before you can complete enrollment.

 [CO Uniform Employee Application 1-50](#)

I acknowledge that I have read all sections of this Colorado Uniform Employee Application for Small Employer Group Health Coverage (Application), and I certify on behalf of my eligible family dependents and myself that the answers contained in this Application are complete and accurate to the best of my knowledge. I understand and agree that neither my employer nor any insurance agents have any authority to waive my complete answer to any question, agree to insurability, alter any contract, or waive any Colorado small employer carrier's other rights or requirements.

I hereby apply for enrollment for myself and for my eligible family dependents listed. On behalf of my eligible family dependents and myself, I agree to all of the terms and conditions of the group contract(s) with Colorado small employer carrier(s) under which I wish to enroll for coverage. I have indicated in this Application, if required, what product(s) or provider(s) I have selected. I agree that no coverage will be effective until the date specified by the Colorado small employer carrier(s) with whom I enroll after this application has been accepted by each carrier(s).

I read the terms and agree to electronically sign the form.

[Complete Enrollment](#)