



## 2019 Access US Implementation Details Sheet

Employer Information	
US Employer Name:	Effective Date:
United States Address:	
Employer Tax ID:	
International Headquarter Employer Name:	
International Headquarter Address:	

1. Plan Sponsor Contact Information			
Group Implementation Contact(s) <i>This contact will be included on all emails pertaining to the implementation of the groups new Aetna policy.</i>			
Name	Title	Email	Phone
Name	Title	Email	Phone
Billing/Enrollment Contact(s) <i>Billing and Enrollments will be administered by Total Benefit Solutions (TBS). These persons will be contacted with an introduction and training on the billing and enrollment platform.</i>			
Name	Title	Email	Phone
Name	Title	Email	Phone
Name	Title	Email	Phone

2. Broker Contact Information		
Broker Implementation Contact(s) <i>This contact will be included on all emails pertaining to the implementation of the groups new Aetna policy.</i>		
Name	Email	Phone
Name	Email	Phone

### 3. Account & Billing Structure

<p>A. If medical and dental policies are selected, please confirm if common enrollment can be assumed.</p> <p><i>Note: Common enrollment is required for groups 2-9 lives.</i></p>	<p>Common Enrollment</p> <p>Uncommon Enrollment</p> <p>No Dental</p>
<p>B. As a standard, one list bill will be provided.          * Separate billing packages require pre-approval by TBS, as well as separate documentation. Submit the completed Billing Package Request Form with the new group submission paperwork to request approval.</p> <p>One list bill preferred</p> <p>Request separate billing packages- <i>Billing Package Request form also required</i></p>	

### 4. Plan Information

<p>A. Confirm Plan Sponsors Legal Name as it should appear on contracts.  <i>(including capitalization, punctuation)</i></p>	
<p>B. Confirm employer contribution levels for employees and dependents.  <i>(the minimum contribution allowed is 50% of the total cost or 75% for employee only)</i></p>	<p><u>Employee:</u></p> <p>Dependent:</p>
<p>C. Benefit Waiting Period</p> <p>Confirm Benefit Waiting Period for future new hires.</p>	<p>Date of hire</p> <p>0 Day- <i>1<sup>st</sup> of the month following</i></p> <p>30 Day- <i>1<sup>st</sup> of the month following</i></p> <p>60 Day- <i>1<sup>st</sup> of the month following</i></p> <p>90 Day</p>
<p>D. Deductible Credit</p> <p>Confirm if prior carrier deductible or coinsurance credit will be submitted.</p> <p><i>If yes, please provide prior carrier name and carrier contact number.</i></p>	