

All information below is *required* to ensure your client is setup accurately.

Submit the completed intake form, employee census and rates to: [OnlineEnrollmentSupport@WarnerPacific.com](mailto:OnlineEnrollmentSupport@WarnerPacific.com)

Online Enrollment Intake Form		
New Group Setup	Renewal Setup	
Agency Ease URL:	.ease.com	
<b>Employer Information</b>		
Company Name:	Group Contact:	
Physical address:		
City:	State:	ZIP Code:
Email :	Phone:	
<b>Benefit Enrollment Information</b>		
Open Enrollment Start & End date:	Waiting Period:	
Federal COBRA eligible: Yes      No	Waive wait period at Initial Enrollment: Yes      No	
Pay Cycle:	Kaiser Wrap: Yes      No	
<b>Medical</b>		
Medical Carrier:	Effective Date:	
Sold Plans:		
<i>Employer Contribution:      per employee /      per dependent      Base Plan (if applicable):</i>		
Other:		
<b>Dental</b>		
Dental Carrier:	Effective Date:	
Sold Plans:	<i>Employer Contribution:      per employee /      per dependent</i>	
<b>Vision</b>		
Vision Carrier:	Effective Date:	
Sold Plans:	<i>Employer Contribution:      per employee /      per dependent</i>	
<b>Group Sponsored Life (attach benefit summary)</b>		
Life Carrier:	Effective Date:	<i>Employer Contribution:      per employee /      per dependent</i>
<b>Voluntary Life (attach benefit summary)</b>		
Life Carrier:	Effective Date:	<i>Employer Contribution:      per employee /      per dependent</i>
<b>LTD (attach benefit summary)</b>		
LTD Carrier:	Effective Date:	<i>Employer Contribution:      per employee</i>
<b>STD (attach benefit summary)</b>		
STD Carrier:	Effective Date:	<i>Employer Contribution:      per employee</i>
<b>Eligibility Information</b>		
Does this company have multiple eligibility rules, employer contributions and/or benefit options for their employees?      Yes (please provide details)      No		
<b>Broker Information</b>		
Broker Name:	Contact at Broker's office:	
Contact Phone:	Contact Email:	