



New Client Notification

The Client

Client Legal Name: _____ TIN: _____
 Name for ID Card: _____
 Corporate Address: _____
 Effective Date: _____ # of EE Covered Lives: _____
 Nature of Business: _____ SIC or NAICS Code: _____
 Current Administrator: _____ Fully Insured Previously?: _____
 Current Network: _____ If previously Self Funded, is client
 Current PBM: _____ requesting run-in?

The Team

Broker Contact: _____ GA: _____
 Brokerage: _____ City: _____ State: _____
 Sales Executive: _____ First-Time Broker (must secure W9):
 Underwriter: _____ Date Completed: _____
 Acct Mgmt Team**: _____ Is this an updated form?

Products & Services Sold

Yes No (answer for each item)

____ Medica Network¹: _____ w/HRA _____ w/HSA
 ____ Captive SL Policy?² If yes, what is 1st renewal? (mm/yy): _____
 ____ Health Care Mgmt _____ Full _____ Lrg Case Only _____ No HB Services
 ____ Ref. Based Pricing (choose ->) _____ Full _____ Dual _____ OON Only
 ____ If AMPS: Is Care Navigation included? _____ Yes _____ No
 ____ PBM _____ EVHC Caremark Contract _____ Rebates to EVHC _____ Rebates to Client
 ____ EVHC Carelon Contract (Anthem Groups) _____ Rebates to EVHC _____ Rebates to Client
 ____ Mfr. Coupon Assistance Program "MCAP" (e.g. PrudentRx) Standard on all ProAct, Caremark & Carelon clients
 ____ Direct w/ _____
 ____ CRX International (Std w/Caremark PBM) _____ PriceMDs (Std on all groups)
 ____ Flex Admin _____ Health _____ Dep Care _____ Transit _____ Parking
 ____ COBRA Administration (administration for Flex COBRA only if Flex administered by EVHC)
 ____ Dental Network: _____
 ____ Vision Network: _____
 ____ Short Term Disability
 ____ Population Health (wellness program)
 ____ Healthcare Bluebook _____ With Incentive (ee's will be 1099'd)
 ____ Teladoc _____ with a co-pay (claim filed) **OR** _____ PEPM Behavioral Health is Standard with Teladoc
 ____ Simplicity (Available with CIGNA only)
 ____ Online Payment Mgr ("OPM") - Standard on all (EXCEPT ANTHEM or when OON w/RBP)
 ____ Chronic Condition Management Plus ("CCM+") Includes pre-diabetic, diabetic and Hypertension mgmt. (30 day minimum to imp)
 ____ HealthJoy - Care Navigation app (PEPM) with MSK Program (\$800 Per Participant Per Instance) (45 day minimum to imp)

*MGU/SL Carrier: _____
 *Spec Level: _____
submit signed SL apps w/NCNF

¹If Anthem, Trustmark must have JAA proposal; if Highmark the JAS proposal signed - before they can implement

²If captive policy, Sales must review captive with client and obtain signed captive documents prior to implementation

- KisxCard
- EVHC/Health Benefits Connect
- Special Billing Arrangements Explain:
- Consolidated Billing
- Multiple Bills by Division/Location
- Memo Bills
- Special Funding Arrangements Explain:
- Custodial Account
- Premium Equivalents
- Manual Funding
- State Surcharge Processing
- Nurseline
- Set-Up Fee If "yes": \$ _____
- Other: _____

| Payroll / HRIS Information | | |
|----------------------------|-----------------------------------|---------------------------------|
| ADP/WFN: | <input type="checkbox"/> Has/Uses | <input type="checkbox"/> Adding |
| Paid by: | <input type="checkbox"/> Client | <input type="checkbox"/> EVHC |
| Other HRIS: | | |

***Sales
Notes:

Submit with Proposal and Disclosure Statements (and supporting documents) to Underwriting for completion, approval and distribution.

*To be completed by underwriting. **To be completed by Practice Leader. ***Note Proposal version in sales notes above, as well as benefit changes, special underwriting requirements or special Rx program outreach notes.

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| <p>Luminare Health Benefits Supplement <i>(to be completed by Luminare)</i></p> | <p>LHB Sales Contact: _____</p> <p>Notification Date: _____</p> |
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