

Digital Platform

Employee Benefits Workflows

*Browser Version*

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# Epic Navigation Basics

## Keyboard Shortcuts

|  |
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|  |

## Epic Icons

|  |  |  |  |
| --- | --- | --- | --- |
|  | Add New |  | Change column width |
|  | Edit |  | To define a search |
|  | Print list view |  | Executes search. These are cumulative. To begin a new search, click “Clear Filter” |
|  | Sortable column – ascending/descending |  | The logout button will close all open windows. If any screen requires validation (the process isn’t complete), the screen with display prior to closing |
|  | Change the order of items | **RIGHT CLICK** | Right clicking from a selected will often generate the same menu as **ACTIONS**. |
|  | Collapses and opens sections of screen or moves entire list from one screen to another |  | Click on the Paperclip to attach documents saved in Epic (Email) |
|  | Required Field – must complete |  | Click on the File to attach files saved on a local or network drive (Email) |
|  | Desired Field – agency would like field completed |  | Contacts in EPIC (from Email) |
|  | Customize columns displayed in the list view |  | Contacts in Outlook (from Email) |

## Home Base

|  |
| --- |
| Badge 4 outlineBadge 5 outlineBadge 3 outlineBadge outlineBadge 6 outline  Badge 8 outlineBadge 9 outlineBadge 7 outlineBadge 1 outline   1. **Open Activities** (suspense, follow up, to-do list)    * Use “Select Columns” to add columns to your view.    * You can also change the position of the columns by clicking and dragging the column headers move them.    * Sort columns in ascending or descending order by clicking on the column header 2. **Activity at a Glance** – displays information about the highlighted activity 3. **Activity Tasks** OR **Last Note Entered** – if you are assigned a task within an activity the task will appear here only if the activity above, associated with the task, is highlighted. You can change the view from “Activity – Tasks” to “Last Note Entered” by clicking the dropdown arrow and selecting that option. 4. **Report Quick View** – Created reports can be sent to Report Quick View for easy access. Just click the link and the report will open. Data displayed is in real time and will be refreshed as of the date it is opened 5. **New/Waiting** – If your agency has opted to use Front End Scanning, your scanned mail can be accessed by clicking the “Unrouted Attachments” link. The number of items in your “inbox” will also display. 6. **Navigation Panel** – Items listed will direct you to different parts of Epic or the client’s account if you are on the locate screen or within the client account. Items listed change depending on which screen you’re on. This is known as the “View” panel. 7. **Blue Options Bar** – Each icon contains action options, which change depending on which screen you’re on. Think of this as the “Do” bar. 8. **Log Out button** – Clicking this button will close all the open screens/windows and log you out of Epic. 9. **Locate** – Click the dropdown arrow to see list of last 20 accounts accessed |

## Sticky Notes

|  |
| --- |
| 1. Add a sticky note by clicking the NEW button in the blue Options Bar within the Client Account      1. Enter note -> click tab button (known Epic error that notes will not stay unless you hit the tab button) 2. Collapse the note by clicking the double up arrows 3. Manage the Sticky Note by clicking the three vertical dots      1. Delete the Sticky Note by clicking the X 2. Add a New Sticky Note by clicking the + |

## Logging out of Epic

|  |
| --- |
| **\*\*IMPORTANT\*\***  Whenever you close out of Epic, be sure to click the LOGOUT button at the top right in the blue Options Bar. Do not X out or Epic will not close properly and may cause issues when signing in again.  **NO**  YES  NO  **It is best practice to do a Shut Down of your workstation at the end of each day. Updates to workstation functionality and connection suite is made silently upon logging in to your workstation.** |

# Client Accounts

### Locate Account

|  |
| --- |
| * Click the Locate button to **search** for existing clients   **Locate Options:**   * + **Account/Business Name** – *contains* anywhere in the account detail name field and business contact   + **Company Claim#** - must be exact & complete   + **Last name, first name** – *begins with* and will search account detail name field and individual contacts   + **Lookup Code** – *begins with*   + **Phone Number** – must be exact & complete   + **Policy #** - *begins with*   + **Prior Account ID** – *begins with* (from your prior system)   + **Relationship** – relationship type and then account name   + **Submission ID** – *begins with* (in marketing) * Click the Locate button to **add new** client accounts. * Click the **drop-down arrow** on the Locate button to access the last 20 accounts accessed (including client accounts, employee accounts, company accounts, etc.) |

### Closing out of an Account Record

|  |
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| Locating and selecting an account will create a new tab in the browser. **Close the account record by clicking the X above the Logout button** NOT by clicking the x within the tab at the top. |

## Contacts

### Contacts Description Overview

Refer to the [**Best Practice Guide**](#_Best_Practice_Guide) for more details.

|  |  |
| --- | --- |
| **Business Contact** | * The **Main Business Contact** is created during the initial account setup. This is the name and contact information of Business Client. * Add other business contacts as needed (i.e. DBA Name(s), Additional FEIN numbers, other addresses, etc.) * Be sure to enter the NAICS and SIC codes under the Business Info section AND the FEIN under the Business tab. |
| **Individual Contact** | * This is an additional individual contact (person) on the account. By choosing an individual contact additional fields are available, such as date of birth, SSN, marital status, driver’s license number, etc. **Note**: these fields are NOT HIPAA protected. * Add other individual contacts as needed (i.e. C-suite contacts, designated carrier/vendor contacts, additional insureds, etc.) |
| **Primary Contact** | This is an **individual contact** and should be selected as the primary contact for the account. To make a contact **Primary,** click **ACTIONS** **> Change Primary Contact**. The Primary Contact is displayed in the Rolodex Card on the bottom left corner in the client’s account. |
| **Category** | Contacts are categorized based on their relationship to the Account: Contact Only—Policy Only—Both Contact & Policy |
| **Description** | Description is used to best represent the position or role of the contact (i.e. owner, manager, chief executive officer, etc.) |
| **Classifications** | * Add classifications to the Contact to indicate EB for benefits contacts * Multiple classifications can be added to the same contact |

# Activities

## Home Base

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| --- |
| Badge 3 outlineBadge outlineBadge 1 outline     1. **Select Columns** Check or uncheck the columns you wish to see in your Home Base view 2. **Customize View** Allows you to add other Employee’s activities to your own open activities list (if given permission) 3. **Right Click to Manage**  * **Close Activity** – *follow up action is completed* * **Add Note** – *add notes related to the process that is still pending* * **Add Task** – *assign a portion of the activity process to someone else to work on* * **Change Follow-up Date/Time** – *if the deadline for completing the activity can be moved* * **Change Who/Owner** – *reassign the activity for someone else to take care of, which will move to their Home Base* * **View All Notes** – *Read all notes related to a specific activity process* * **Take Ownership** – *If the activity is assigned to another person or a work group, you can reassign the activity to yourself*   ***Note: you can multi-select activities (CTRL + Click) and perform the above actions to multiple activities at the same time*** |

### Adding an Activity

|  |
| --- |
| 1. While on the client screen, click activities on the left-hand navigation menu (you can also hit the F9 keyboard shortcut) 2. Click + to add the activity      1. When the Add Activity box pops up review the activity association or make a change. Activities can be assigned at the Account, Line, Policy, or Services level. To assign an invoice to a service please complete [**Adding a new service contract**](#_Adding_a_new) before continuing.     4. Choose the Employee Benefits option in the Category box  5. Choose the applicable activity code. To review all the activity code options, review the chart of codes. [**Manual Activity Codes (F9)**](#_Manual_Activity_Codes_1)  For accounting activity codes please access the [**Platform Accounting Activities Guide**](https://acrisure.sharepoint.com/:w:/s/ACR-ABSAccountingTeam/ESAdZgcBwPdJt0_n5-hNILkBueeqZpQWrGK6rg54rr9l7g?e=sIPyMb)  6. Make sure the correct Who/Owner is in the drop-down box  7. The follow up/Start date will default to today’s date, change that as needed  8. Set the activity to be open or closed  9. Add the notes in the note section and click **FINISH**  10. Once everything has been updated and completed with the activity, add the final notes and close the activity.  11. To close the activity, click on **ACTIONS** > Close activity |

### Activity Access Levels

|  |
| --- |
| Access levels allow restriction of access to attachments by granting security rights to certain groups. Unless configured under User Options, the default Access is set to “Public”. All employee benefit users should set the default to “HIPAA” to restrict access to notes and attachments to only those that are on the benefits team. |

## System Generated Activity Codes

|  |  |  |
| --- | --- | --- |
| CODE | ACTION | DESCRIPTION |
| **BBOR** | Add New Policy | Add policy via BOR Benefits |
| **ADIN** | Add New Account | Add Insured |
| **ADDC** | Add New Address | Address Applied to other items |
| **ADPR** | Add New Account | Add Prospect |
| **ADSC** | Add New Service | Add Service Contract |
| **APOL** | Add New Policy | Add Policy |
| **CEED** | Actions > Change Effective/Exp Date | Change Effective/Expiration Dates |
| **CHGE** | Actions > Endorse/Revise Existing Line | Endorse/Revise Existing Line |
| **CHGI** | Actions > Endorse/Revise Existing Line | Internal Policy Correction |
| **CHGL** | Actions > Endorse Add Line Mid-Term | Add Line Mid-Term |
| **CPOL** | Actions > Cancel | Cancelled—Lost Policy |
| **CREW** | Actions > Cancel | Cancelled—Policy Rewritten |
| **CCTI** | Actions > Change Client Type to Insured | Change Client type to Insured |
| **CCTP** | Actions > Change Client type to Prospect | Change Client type to Prospect |
| **ESIG** | Attachments > Send to DocuSign | Send document to DocuSign |
| **REIN** | Actions > Reinstate | Policy Reinstated |
| **RPOL** | Actions > Renew | Renew Policy |

## Manual Activity Codes

|  |  |  |  |
| --- | --- | --- | --- |
| **CODE** | **DESCRIPTION** | **CODE** | **DESCRIPTION** |
| **1DS2** | Service Transition back to Regional Service | **GAPT** | Appointment with &AcctName& |
| **BARV** | Benefits Account Review | **GACR** | Acrisure Real Estate Services Referral |
| **BAUD** | Benefits Audit | **GACS** | Acrisure Cyber Services Referral |
| **BBIQ** | Billing Inquiry | **GCAL** | Call from &AcctName& |
| **BBR1** | EB Broker of Record (recd/sent) | **GCN1** | Carrier Notice of Cancellation |
| **BCOR** | Benefits Correction | **GNRN** | Policy Not Renewed |
| **BDSV** | Benefits Department Service Request | **GQUE** | Question/Note |
| **BMN** | Medicare Number - &ContactName& | **QMKT** | New Sales Marketing Workflow |
| **BRSG** | Pre-Renewal Notice EB Small &PolExpDate& &PolDesc& | **QNEW** | Quote - New Business |
| **BRSK** | EB - Account At Risk |  |  |

# Attachments

|  |
| --- |
| ***Best Practices:***   * *Click & drag emails, enrollment forms, supplemental forms, and any other “busy work” onto the Activity related to the process you are working on.* * *Click & drag final policy documents (policy documents, signed rate sheets, policy contracts etc.) onto the related POLICY. Be sure to include the added step of selecting the policy folder so you can then use the access button to filter all related final policy documents and further filter by the policy folder, so you only see the PDF documents.* |

## Add Attachment/Document

|  |
| --- |
| * Drag & Drop from Outlook, network folder, desktop, etc. * **Attach to**: Any final policy documents (new policy, renewal policy, signed rate sheets, etc.) should be attached to (associated with) the POLICY; any emails, or other “busy work” documents should be attached to the corresponding activity   + **Mark as an Important Policy Document** * Attaching a document to a POLICY will automatically check the box * Use this feature to quickly find important documents such as summary benefits of coverage, policy documents, or other important documents.     ***NOTE: You can also use the Access button to filter attachments, Example: Highlight policy, Access/Attachments, and you will see only the attachments associated with the policy.*** |

### Standard Naming Convention

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| --- |
| **Carrier forms:**   * “What it is (SBC/Ben Sum)” - “Carrier” - “Full Date” * ***Example:*** Medical PPO Benefit Summary - Horizon BCBS – 01.01.2023   **Employee Forms:**   * “Description of attachment” - “Request/action” EE First Name Last Name”- “Full Date” * ***Example:*** Email to Anthem – New hire - John Smith – 11.01.2023   **Client Forms:**   * “Description of attachment”- “Full Date” * ***Example:*** Employer change form address update 01.01.2023   **Compliance Documents:**   * “What it is (compliance/certs/contracts)” “Full Creation Date” * ***Example:*** SPD Wrap Doc 01.01.2023   **Activities:**   * “Service Request or Action Taken” - “EE First Name Last Name” - “Effective Date” * ***Example:*** New Hire – Jane Doe - 01.01.2023   ***NOTE: The “What is” section of the document can be any name needed to indicate at a quick glance what the document is. You can change it to anything that it needs to be and can use common Employee Benefits abbreviations.*** |

### Attachment Access Levels

|  |
| --- |
| Access levels allow restriction of access to attachments by granting security rights to certain groups. Unless configured under User Options, the default Access is set to “Public”. Benefits users should follow the steps in the provided Welcome Kit to set their default permission to “HIPAA”. |

### Attachment Actions

|  |
| --- |
| Click **ACTIONS**   * **Convert to PDF** – Converts any document to PDF format in two clicks; can also combine multiple documents into one PDF document * **Distribute Attachments** – Uses Distribution Manager to email documents to client contacts * **Edit Attachment Detail** – Edit description, association, access levels, and folder * **Move Attachment** – Moves document to another folder, another account or to current account * *Policy Checking (Do Not Use)* * **Reactivate Attachment** – Used to remove an attachment from the Inactive area * *Send via CSIO eDelivery (Do Not Use)* * **Send to eSignature** – Launches DocuSign * **Send Via Email** – Emails attachment through Outlook |

## Finding and viewing attachments/documents

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| **Important Policy Documents:** In the attachments list view, click the link “Show Only Important Policy Documents” to view all documents you have marked as important  To revert to all documents, click “Show All Documents”. The link does the filtering for you.     * **Filters:** Choose a filter: Ex. Attached within last 18 months.   + To see all attachments: Ex. Attached Date within range 1/1/1900 through Open * You can also filter by multiple Types of Business and save the filter default |

### Epic Attachment Folders

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Below is a list of the attachment folders that are listed in Epic. These folders are used to file documents in the system when they are attached to a policy or an activity.   |  |  | | --- | --- | | **Folder** | **Sub-folder 1** | | **Benefits** | \*Eligibility | | \*Group Info | | \*Historical | | \*Quotes | | \*Renewals | | \*Service | | **Individual Life & Health﻿** |  | |

### Folder View

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| --- |
| * Use folders to organize your clients’ documents * To see documents in folders, click Attachments view and select Folder View from the drop-down list * Select the folder (i.e., Benefits, Compliance, Enrollments etc.) * In the left panel you can click the expander to see sub folders |

### Access Filter

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| --- |
| The Access button allows you to filter items for a specific policy, activity, or transaction, within the **Client’s Account**  **Example:**   1. From the policy screen, select a **policy** 2. Click the **Access** button 3. Select an option:    * **Activities** = displays all the activities associated with the selected policy    * **Attachments** = displays all the attachments associated with the selected policy    * **Claims** = displays all the claims associated with the selected policy    * **Opportunities** = displays all the sales opportunities associated with the selected policy    * **Services** = displays all the services associated with the selected policy    * **Proofs** = displays all the Proofs associated with the selected policy    * **Transactions** = displays all the transactions associated with the selected policy    * **Auditing** = displays all the documents a client has access to via the CSR24 Portal    * **Notifications** = displays notifications related to the selected policy |

## Email Setup

### Microsoft Outlook Integration with Epic

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| --- |
| ***Setting Outlook as the Email Integration Option will allow the launch of Outlook from Epic. Emails sent from Epic will automatically attach to the client’s account and will also add a Sent Item in Outlook.***  ***This integration applies to emailing from Attachments or from any of the blue email links within a client’s account. This does NOT apply to the******Distribution Manager.***   1. From the Home Base, click **Configure** from the left Navigation Panel 2. Click **User Options** and select **Email** 3. Select the Outlook radio button      1. Click **FINISH** |

# Digital Platform Epic Structure

## Agencies

|  |  |
| --- | --- |
| 1DS | Acrisure Digital Solutions, LLC |

## Branches

|  |  |
| --- | --- |
| 1DS | Acrisure Digital Solutions, LLC |

## Departments

|  |  |  |
| --- | --- | --- |
| SRV | Services |  |
| BEL | Benefits - Large | Eligible lives of 100+ |
| BEM | Benefits – Middle | Eligible lives 20-99 |
| BES | Benefits – Small | Eligible lives 2-19 |
| ILF | Individual Life & Health | Health insurance products sold to individuals, not to employer groups. |
| REF | Non-Insurance Referrals | Non-Insurance referral related revenue (ACS referrals, PEO brokering, Payroll Service referrals, etc.) |

## Profit centers

|  |  |  |
| --- | --- | --- |
| 1DS | ADS National | Self-generated business, QUI, TQI, MPX, AAF, WMI & referrals |
| 1SO | Acrisure South |  |
| 1NY | Acrisure New York |  |
| 1NJ | Acrisure New Jersey |  |
| 1WC | Acrisure West |  |
| 1SW | Acrisure Southwest |  |
| 1NW | Acrisure Northwest |  |
| 1SE | Acrisure Southeast |  |
| 1GL | Acrisure Great Lakes |  |
| 1MA | Acrisure Mid Atlantic |  |
| 1MW | Acrisure Midwest |  |
| 1NE | Acrisure New England |  |
| MWB | Midwest Benefits |  |

# Pr/Br Commissions

## Important Notes regarding Pr/Br Commissions

|  |
| --- |
| * When a policy is added, the system will automatically prompt you to add a PPAY or BPAY * Each policy requires at least one PPAY * PPAYs are Employees; BPAYs are outside brokers * PPAY Commission Percent is the Producer’s “cut” of the Agency’s commission; Production Credit represents who get credit for booking the policy and is relevant to Production Reporting * BPAYs never receive Production Credit * Refer to the Revenue & Compensation Structure chart in the section below to determine the amounts to enter on the Pr/Br Commissions screen. |

## Add Pr/Br Commissions

|  |
| --- |
| 1. After you set up a policy, there will be the message below that requires a producer/broker to be set up on the policy. Once the message pops up, click OK to be taken to the PR/BR tab.      1. Under **Pr/Br Commission**s, click the ADD button (+) 2. **Add Pr/Br Commission Window**   Add applicable PPAY and BPAY based on transaction type as listed in the [**Revenue & Compensation Structure**](#_Structure_Chart)reference document.   * Select **PPAY** or **BPAY**   1. The PPAY is an internal employee/producer that will be paid on the account.   2. The BPAY is an outside broker/external partner that will be paid on the policy. * **Code** = Select appropriate Producer or Broker * Update **Type, Percentage, Production Credit & Order** fields according to the Structure chart  1. Click **FINISH** |

## Setting up Multi Term Commissions

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| --- |
| Best Practice for Multi-Term Commissions – If there is a producer that receives a commission percentage for new sale that is different from renewal business **and** the new business policy was less than 12 months long, multi-term commissions should be set up.  1. After you set up a policy, there will be the message below that requires a producer/broker to be set up on the policy.    2. Once the above message pops up, click on and the PR/BR tab for the policy will be on the screen.  3. On the below screen, click on the multi-term commission radio button.    4. Set the term ranges for the different commission ranges. Choose the pencil under the headings term ranges.  5. Set up the first term for new sale as shown below.    6. Once the first term is set up then click the + sign to add the second term as shown below. After all the ranges are entered, click finish.    7. To add the producer to each term, highlight the term that needs to be updated and then click the + sign under each term at the bottom.    8. The PR/BR commission box will show up on the next screen. Choose the producer from the drop-down box, updating type, percentage, production credit and order as applicable.    9. Continue this same process above for all the different terms to finish setting up the PR/BR information. |

# Add New Client Account

|  |
| --- |
| 1. Click **LOCATE** 2. Click the **Add** button (+)      1. **Add Account**    * Individual or Business = Business    * Type of Business = Benefits (add all that apply for this account)      1. **Account Information**    * **Account Name –** Account Legal Name. Review best practices for adding client name, [**Best Practice for Client Name**](#_Client_Name)    * **Client Type** – Prospect or Insured    * **Account Source (Required Field)** – Select Appropriate from the dropdown list. See account source options [**Account Sources – REQUIRED FIELD**](#_Account_Sources_–_1)    * **Structure** – Select Agency & Branch from dropdown lists. See Epic Structure for list [**Digital Platform Epic Structure**](#_Add_New_Personal)      1. **Business Contact Information**    * **Address** – enter valid address (will be verified and auto filled when selected)    * Popup will alert you, if possible, address duplicates are found    * Enter address description, if needed (i.e. Business, Mailing Address, etc.)      1. **Business Phone**    * Enter Type (i.e. Business, Mobile, Residence, etc.)    * Enter Number (must include all 10 digits)    * Permission – has permission been obtained to contact number via SMS, select from dropdown    * SMS – check box to enable this number for SMS Text Messaging    * Click Yes to enable conversational SMS for this number if applicable      * + Click **+ Phone** to add additional phone numbers      1. **Email/Website**    * Enter Account Email & Website – Email address is required If there is not an email address enter none@acrisure.com 2. **Identification Numbers**    * Enter NAICS number **(required)** and SIC code – **NOTE:** *though SIC code is not a required field it is a highly desired field for Benefit accounts*      1. Primary Contact Information    * Enter **primary contact** name and any other details for this contact person (the person you speak to most often on behalf of this client)    * Enter **primary contact phone** and enable SMS if you wish to send and receive text messages with this contact    * Click **+ Phone** to add additional phone numbers 2. Enter **Primary Contact Email** and **contact preferences**      1. **Marketing Preferences** Complete the marketing preferences section      1. **Agency Information**    * **Agency Defined Categories** – Add all agency defined categories applicable to client, including the EB renewal month, payroll provider and benefit admin details [**Agency Defined Categories**](#_Agency_Defined_Categories)    * **Relationships** – add related accounts (i.e. account subsidiaries), see all available relationship types [**Account Relationships**](#_Account_Relationships)        1. Click **Save Account**      1. **Activity**: **ADIN** (Insured) or **ADPR** (Prospect)    * Defaults to closed    * Add **Notes** (how account was acquired, what has been done for this account thus far, etc.)    * Click **FINISH** 2. **Account Details**    * Click the **Servicing Tab** and enter staff names in Servicing Roles that apply      1. **Employee Benefits Tab:** On the account detail screen of the client click on the **Employee Benefits tab**.     The following information should be completed on the **Employee Benefits tab**:   * **Number of employees\*** – Enter the total number of employees as of the date selected in the system. \****NOTE****: this is a required field for Benefit accounts* * **Full time equivalent** – Enter the full-time equivalent count as of the date selected in the system. If client does not track, enter zero and date confirmed. * **Number eligible\*** – Enter the number of eligible employees as of the date selected in the system. \****NOTE****: this is a required field for Benefit accounts* * **Number of retirees** – Enter the number of retirees as of the date selected in the system. If client does not track, enter zero and date confirmed. * **COBRA admin** – Enter/select the vendor/company that handles the COBRA administration for the group. * **HIPAA Selected & Signed Date** – these fields refer to the Business Associate Agreement (BAA) and when it was collected, if applicable. * **Form 5500 required** – Mark yes if the group is required to file a 5500 and no if they are not required to. * **ERISA Effective** – Enter the beginning date of the ERISA plan year * **ERISA Expiration** – Enter the expiration date of the ERISA plan year * **Verified Date** – Enter the date that the Wrap document was generated * **Wrap Document** – Select “Yes” if there is a Wrap document on file. Select “No” if there is not a wrap document on file.   Setting up the Employee Class information. This section houses the Classes, status, payroll cycle and waiting period details.   * **Employee Class –** Choose the class from the box or type in the name of the class * **Status** – Pull in the status of that class of employees. Typically, “Active” or “Inactive” * **Payroll Cycle** – Choose the payroll cycle from the information box * **Eligibility** – Choose the hours that class of employees need to work to be eligible * **Coverage start date** – Choose when the coverage starts for that class of employees (Example: First of the month, immediately, etc.) * **Waiting Period** – Enter the waiting period in days for that class of employees (Example: 30 days, 60 days, etc.) * **Coverage End** – Enter when the coverage ends for this class of employees (Example: End of the month, immediately, etc.)        1. Go to the contacts section and review and update the contacts in the system. Use the contact workflow to make these updates.   [**Add Individual Contact**](#_Add_Individual_Contact)  [**Entering DBA and Business Contacts**](#_Entering_DBA_and) |

## Best Practice Guide

### Client Name

|  |
| --- |
| * Enter only **ONE** business name, **not multiple** * Enter **legal** business/entity name * Additional Business names, DBAs, or Subsidiary Names should be added to the **Contacts** area of the client account. See proper instructions on adding[**DBAs and Business Contacts**](#_Entering_DBA_and) |

### Client Addresses

|  |
| --- |
| * **First Address Line**: ***Enter street address only – No Names or DBAs***   + DO NOT add P.O. Box numbers; you will add them in the SECOND address line   + You can include Suite Number, Apartment Number, or Floor Number with the street address     ***DO NOT INCLUDE DBA NAME OR NAME OF INSURED CONTACT IN THE FIRST LINE OF THE ADDRESS FIELD. See proper instructions on adding a*** [**DBA**](#_Entering_DBA_and) ***and a*** [**Contact**](#_Entering_DBA_and)**.**   * **Second Address Line:** Add P.O Box, if applicable * **Be sure to enter City, State & Zip Code** * **Address validation tools** are used in Epic Browser and in AcriVision mapping and will create errors if the street address is not shown on the first line |

### Add Individual Contact

|  |
| --- |
| 1. Click **Contacts** from the Navigation Panel (left) 2. Click the **Add** button (+)      1. Select the Individual radio button 2. Enter First Name, Last Name 3. Category: Indicate whether contact only, policy only, or both contact & policy 4. Description: Select the appropriate description for this contact. The description should be the individual’s functional role or job title. 5. Enter the address. If the account address is the same as the contact address, check the box for Use Account Address 6. Enter phone number (indicate if mobile) and email address      1. Click **Detail if you wish to add additional information about this contact. NOTE – these fields are NOT HIPAA protected.**     If not, click **FINISH** |

### Entering DBA and Business Contacts

|  |
| --- |
| 1. Click **Contacts** from the Navigation Panel (left) and add Business contacts as needed. 2. Click the **Add** button (+)      1. Select the Business radio button 2. Enter the name of the business or the DBA name 3. Category: Indicate whether contact only, policy only, or both contact & policy 4. Description: Select the appropriate description for this business contact. If the business contact is a DBA then choose DBA from the drop down box. 5. Enter the address. If the account address is the same as the contact address, check the box for Use Account Address 6. Enter phone number (indicate if mobile) and email address      1. Click **Detail** 2. **Contact Summary Info** - enter any additional information as applicable ***NOTE: NAICS code is a required field******and though SIC code is not a marked as a required field it is a highly desired field for Benefit accounts*** 3. **Preferences tab:**   Communication - set Contact Methods for default based on insured preference   1. **Business Tab:** Enter all known information, including business type, date business started and nature of business   **\*Important Field:** Identification Numbers - FEIN, etc., each contact card can hold one FEIN |

## Account Sources – REQUIRED FIELD

***Account & Policy Source is important data for Acrisure to capture. Please make every effort to select the correct one.***

|  |  |
| --- | --- |
| ADS : Digital : ACR EB : AP 1GL | ADS : Other : Auris EB : AP 1SW |
| ADS : Digital : ACR EB : AP 1MA | ADS : Other : Auris EB : AP 1WC |
| ADS : Digital : ACR EB : AP 1MW | ADS : Other : Auris EB : AP Other |
| ADS : Digital : ACR EB : AP 1NE | ADS : Other : Organic : None |
| ADS : Digital : ACR EB : AP 1NJ | ADS : Other : Referral : AP 1DS |
| ADS : Digital : ACR EB : AP 1NW | ADS : Other : Referral : AP 1GL |
| ADS : Digital : ACR EB : AP 1NY | ADS : Other : Referral : AP 1MA |
| ADS : Digital : ACR EB : AP 1SE | ADS : Other : Referral : AP 1MW |
| ADS : Digital : ACR EB : AP 1SO | ADS : Other : Referral : AP 1NE |
| ADS : Digital : ACR EB : AP 1SW | ADS : Other : Referral : AP 1NJ |
| ADS : Digital : ACR EB : AP 1WC | ADS : Other : Referral : AP 1NW |
| ADS : Digital : ACR EB : None | ADS : Other : Referral : AP 1NY |
| ADS : Other : Auris EB : AP 1DS | ADS : Other : Referral : AP 1SE |
| ADS : Other : Auris EB : AP 1GL | ADS : Other : Referral : AP 1SO |
| ADS : Other : Auris EB : AP 1MA | ADS : Other : Referral : AP 1SW |
| ADS : Other : Auris EB : AP 1MW | ADS : Other : Referral : AP 1WC |
| ADS : Other : Auris EB : AP 1NE | ADS : Other : Referral : AP Other |
| ADS : Other : Auris EB : AP 1NJ | ADS : Other : Referral : None |
| ADS : Other : Auris EB : AP 1NW | ADS : Other : Self-Gen : None |
| ADS : Other : Auris EB : AP 1NY | ADS : Other : Transfer : None |
| ADS : Other : Auris EB : AP 1SE | ADS : Other : Unknown : None |
| ADS : Other : Auris EB : AP 1SO |  |

## Account Relationships

|  |  |  |
| --- | --- | --- |
| **Relationship Type** | **Role 1** | **Role 2** |
| Benefits/Personal | Benefits | Personal |
| Franchisor/Franchisee | Franchisor | Franchisor/Franchisee |
| ICHRA Employer/Individual | ICHRA Employer | ICHRA Employer/Individual |
| Insured/Sub-Contractor | Insured | Sub-Contractor |
| IRS Defined Common Ownership | Company | Company |
| Merged Account | Merged 1 | Merged Account |
| Organization/Member | Organization | Organization/Member |
| Parent/Child | Parent | Parent/Child |
| Principal Multiple Companies | Principal | Principal Multiple Companies |
| Referred Account/Referred By | Referred Account | Referred Account/Referred By |
| Related Account | Related | Related Account |

## Contact Classifications

|  |  |  |
| --- | --- | --- |
| \_\_User - Benefits Technology | 01-January Birthday | Better Business Bureau Member |
| \_\_User - CSR24/Portal | 02-February Birthday | Chamber of Commerce Board Member |
| \_\_User - HR Portal | 03-March Birthday | Chamber of Commerce Member |
| \_\_User - Indio | 04-April Birthday | City Council Member |
| \_EB (DM) | 05-May Birthday | 401k Plan Administrator |
| \_EB (PC) | 06-June Birthday | Acrisure Webinars |
| \_EB Compliance | 07-July Birthday |  |
| \_EB Compliance Newsletter | 08-August Birthday |  |
| \_EB Eligibility Contact | 09-September Birthday |  |
| \_EB HRLS Compliance Summit | 10-October Birthday |  |
| \_EB Plan Admin | 11-November Birthday |  |
| \_HR Leader | 12-December Birthday |  |

## Agency Defined Categories

Agency Defined Categories (ADCs) may be added at the account or line level.

**Account Level ADCs:**

|  |  |
| --- | --- |
| **Category** | **Option** |
| 5500 Fees | Paid by Broker |
| Paid by Client |
| COBRA Fees | Paid by Broker |
| Paid by Client |
| At Risk Renewal | CAR - Client at Risk |
| RAR - Retained at Risk |
| AAS BenAdmin | Enrollment |
| Setup |
| AAS Payroll Vendors | ADP |
| Isolved |
| Paychex |
| Other Payroll Provider |
| Main EB Renewal Month | 01 - January EB |
| 02 - February EB |
| 03 - March EB |
| 04 - April EB |
| 05 - May EB |
| 06 - June EB |
| 07 - July EB |
| 08 - August EB |
| 09 - September EB |
| 10 - October EB |
| 11 - November EB |
| 12 - December EB |
| AP Source | 1NJ - Acrisure New Jersey |
| 1NW - Acrisure Northwest |
| 1NY - Acrisure New York |
| 1SO - Acrisure South |
| 1WC - Acrisure West |
| ADS - Acrisure Digital Solutions |
| 1SW - Acrisure Southwest |
| 1SE - Acrisure Southeast |
| 1GL - Acrisure Great Lakes |
| 1MA - Acrisure Mid Atlantic |
| 1MW - Acrisure Midwest |
| 1NE - Acrisure New England |
| AcriSource |
| Bell-Anderson Agency, Inc. |
| Bozzuto & Associates Insurance Services |
| BXA Insurance Services |
| Carlisle Insurance Agency |
| Echelon Advisors |
| Filice |
| GCH Insurance |
| GDP Advisors |
| Insurance Resource Group |
| ProCo Insurance Services |
| QuickInsured,LLC.com |
| Sound Benefits Services Inc. |
| Cornerstone |
| Vantreo Insurance Brokerage |
| Midwest Benefits |
| FSI/DSI |

**Line Level ADCs:**

|  |  |
| --- | --- |
| AAS | Increased EE's |
| New Line of Coverage |
| Onboarding |
| New Logo Sale |
| Cyber Policy |
| Plan Design Change |
| AP Source | 1NJ - Acrisure New Jersey |
| 1NW - Acrisure Northwest |
| 1NY - Acrisure New York |
| 1SO - Acrisure South |
| 1WC - Acrisure West |
| ADS - Acrisure Digital Solutions |
| 1SW - Acrisure Southwest |
| 1SE - Acrisure Southeast |
| 1GL - Acrisure Great Lakes |
| 1MA - Acrisure Mid Atlantic |
| 1MW - Acrisure Midwest |
| 1NE - Acrisure New England |
| AAS |
| AcriSource |
| Bell-Anderson Agency, Inc. |
| Bozzuto & Associates Insurance Services |
| BXA Insurance Services |
| Carlisle Insurance Agency |
| Echelon Advisors |
| Filice |
| GCH Insurance |
| GDP Advisors |
| Insurance Resource Group |
| ProCo Insurance Services |
| QuickInsured,LLC.com |
| Sound Benefits Services Inc. |
| Cornerstone |
| Vantreo Insurance Brokerage |
| Policy Type | Monoline to Package Conversion Cleanup |
| Manual Renewal Clean Up |
| Multi-Year Term |
| No Premium Policy |
| One Time Policy |

## Servicing Roles

|  |  |
| --- | --- |
| External Service Team *(at policy level only)* | ***When an account and/or policy is managed by an external service team (the Acrisure Service Center, a Carrier Service Center, or a General Agent on the EB side), select the appropriate one from the drop-down list.***  ***Note: An Acrisure-owned GA will be indicated by an asterisk in the Code.*** |
| P&C Producer 1 |
| P&C Producer 2 |
| P&C Servicer 1 |
| P&C Servicer 2 |
| Surety Producer |
| Surety Servicer |
| EB Producer 1 |
| EB Producer 2 |
| EB Servicer 1 |
| EB Servicer 2 |

# Policy Information

## Policy Types – Insurance Products with Employer Contributions

**Best Practice –** These policy codes should be used when the coverage is a group plan, and the employer is paying a portion or all the benefit for the employee.

|  |  |  |  |
| --- | --- | --- | --- |
| **CODE** | **DESCRIPTION** | **CODE** | **DESCRIPTION** |
| GACC | Group Accident | GMD1 | Group Medical – Fully Insured |
| GACP | Group Acupuncture Rider | GMD2 | Group Medical – Self Funded |
| GCHR | Group Chiropractic Rider | GMD3 | Group Medical – Self Funded Captive |
| GCI | Group Critical Illness | GMD4 | Group Medical – Level Funded |
| GDE1 | Group Dental | GMEC | Group ACA Minimum Essential Coverage |
| GDE2 | Group Dental – Self Funded | GMR1 | Group Medicare |
| GDI1 | Group LTD | GMRT | Group Medical - Retirees |
| GDI2 | Group STD | GMSL | Group Medical Stop Loss |
| GDI3 | Group Stated Mandated Disability | GMVP | Group ACA Minimum Value Plan |
| GGAP | Group GAP Plan | GPK1 | Group Benefits Package |
| GL1 | Group Life – Employer Paid | GPRE | Group Prescription Drug – Self Funded |
| GL2 | Group Life & AD&D – Employer Paid | GTAC | Group Travel Accident |
| GL4 | Buy/Sell or Key Man Individual Life | GVI1 | Group Vision |
| GLTC | Group Long Term Care | GVI2 | Group Vision – Self Funded |

## Line Types – Only used within a package policy

**Best Practice** – These codes should be used with a package policy only. These codes should never be used as a policy header, only as a line under a package policy.

|  |  |
| --- | --- |
| **Plan Type Codes – To be used with GDE1, GDE2, GMD1, GMD2, GMD3, GMD4 & GPK1** | |
| XDHM | Dental HMO |
| XDPD | Dental Pediatric |
| XDPP | Dental PPO |
| XMEP | Medical EPO |
| XMHD | Medical HDHP |
| XMHM | Medical HMO |
| XMPO | Medical POS |
| XMPP | Medical PPO |
| *\*\* If a line of coverage is not in the list, use other policy types above or below.* | |

## Policy Types – Voluntary (Employee Paid) Benefits

**Best Practice** – These policy codes should be used when the coverage is a group plan that is voluntary, and the employee pays 100% of the cost of the coverage.

|  |  |  |  |
| --- | --- | --- | --- |
| **CODE** | **DESCRIPTION** | **CODE** | **DESCRIPTION** |
| VACC | Voluntary Accident | VL3 | Voluntary EE + Child Life |
| VACP | Voluntary Acupuncture Rider | VL4 | Voluntary EE + Spouse + Child Life |
| VCAN | Voluntary Cancer | VL5 | Voluntary EE Only Life with AD&D |
| VCHR | Voluntary Chiropractic Rider | VL6 | Voluntary EE + Spouse Life with AD&D |
| VCI | Voluntary Critical Illness | VL7 | Voluntary EE + Child Life with AD&D |
| VDEN | Voluntary Group Dental | VL8 | Voluntary EE + Spouse + Child Life with AD&D |
| VDI1 | Voluntary Group LTD | VL9 | Voluntary AD&D without Life |
| VDI2 | Voluntary Group STD | VLS | Voluntary Legal Services |
| VGAP | Voluntary GAP | VLTC | Voluntary Long-Term Care |
| VGLI | Voluntary Genomic Life | VMEC | Voluntary ACA Minimum Essential Coverage |
| VHI | Voluntary Hospital Indemnity | VPET | Voluntary Pet |
| VID | Voluntary Identity Theft | VPK1 | Voluntary Package |
| VL1 | Voluntary EE Only Life | VVIS | Voluntary Group Vision |
| VL2 | Voluntary EE + Spouse Life |  |  |

## Policy Types – Benefits Services

**Best Practice** – These codes are used for services that the client has and may or may not have revenue associated with them. These are used on the policy screen as visibility along with all the other policies that the group has.

|  |  |  |  |
| --- | --- | --- | --- |
| CODE | DESCRIPTION | CODE | DESCRIPTION |
| GX12 | Group Section 125/POP Plan | GXHR | Group HRA |
| GXCO | Group COBRA | GXHS | Group HSA |
| GXEA | Group Employee Assistance Program | GXIC | Group ICHRA |
| GXFS | Group FSA | GXPF | Group Paid Family Leave |
| GXFW | Group Financial Wellness | GXTE | Group Telehealth |

## Policy Types – Individual Benefits

**Best Practice** – These policy types are used when the coverage is an individual plan.

|  |  |  |  |
| --- | --- | --- | --- |
| CODE | DESCRIPTION | CODE | DESCRIPTION |
| IA1 | Individual Travel Accident | IL3 | Individual Universal Life |
| IA2 | Individual Accident Medical Expense | IL5 | Buy/Sell or Key Man Individual Life |
| ICHS | Individual Cancer Heart Stroke | ILTC | Individual Long-Term Care |
| ID0 | Individual Disability - Unknown Type | IMED | Individual Medical |
| ID1 | Individual Disability - Short Term | IMR1 | Individual Medicare |
| ID2 | Individual Disability - Long Term | IMR2 | Individual Medicare Advantage |
| IDEN | Individual Dental | IMR3 | Individual Medicare Part D |
| IFA | Individual Fixed Annuity | IMR4 | Individual Medicare Supplemental |
| IL0 | Individual Life - Unknown Type | IMRD | Individual Medicaid (Info Only) |
| IL1 | Individual Term Life | IVIS | Individual Vision |
| IL2 | Individual Whole Life |  |  |

## Policy Sources – REQUIRED FIELDS

Account & Policy Source is important data for Acrisure to capture. Please make every effort to select the correct one.

|  |  |
| --- | --- |
| ADS : Digital : ACR EB : AP 1GL | ADS : Other : Auris EB : AP 1SW |
| ADS : Digital : ACR EB : AP 1MA | ADS : Other : Auris EB : AP 1WC |
| ADS : Digital : ACR EB : AP 1MW | ADS : Other : Auris EB : AP Other |
| ADS : Digital : ACR EB : AP 1NE | ADS : Other : Organic : None |
| ADS : Digital : ACR EB : AP 1NJ | ADS : Other : Referral : AP 1DS |
| ADS : Digital : ACR EB : AP 1NW | ADS : Other : Referral : AP 1GL |
| ADS : Digital : ACR EB : AP 1NY | ADS : Other : Referral : AP 1MA |
| ADS : Digital : ACR EB : AP 1SE | ADS : Other : Referral : AP 1MW |
| ADS : Digital : ACR EB : AP 1SO | ADS : Other : Referral : AP 1NE |
| ADS : Digital : ACR EB : AP 1SW | ADS : Other : Referral : AP 1NJ |
| ADS : Digital : ACR EB : AP 1WC | ADS : Other : Referral : AP 1NW |
| ADS : Digital : ACR EB : None | ADS : Other : Referral : AP 1NY |
| ADS : Other : Auris EB : AP 1DS | ADS : Other : Referral : AP 1SE |
| ADS : Other : Auris EB : AP 1GL | ADS : Other : Referral : AP 1SO |
| ADS : Other : Auris EB : AP 1MA | ADS : Other : Referral : AP 1SW |
| ADS : Other : Auris EB : AP 1MW | ADS : Other : Referral : AP 1WC |
| ADS : Other : Auris EB : AP 1NE | ADS : Other : Referral : AP Other |
| ADS : Other : Auris EB : AP 1NJ | ADS : Other : Referral : None |
| ADS : Other : Auris EB : AP 1NW | ADS : Other : Self-Gen : None |
| ADS : Other : Auris EB : AP 1NY | ADS : Other : Transfer : None |
| ADS : Other : Auris EB : AP 1SE | ADS : Other : Unknown : None |
| ADS : Other : Auris EB : AP 1SO |  |

## Policy Statuses

|  |  |  |
| --- | --- | --- |
| **CODE** | **DESCRIPTION** | **WHEN USED** |
| **CNW** | Cancelled (New) |  |
| **CRN** | Cancelled (Renewal) |  |
| **CRW** | Cancelled – Rewritten (Flat or Mid-Term Rewrite) | To be used on prior carrier cancelled term |
| **NBR** | New – BOR |  |
| **NEW** | New |  |
| **REN** | Renewal |  |
| **REW** | Renewal – Rewrite (First renewal w/new carrier) | To be used on policy placed with new carrier |
| **X-N** | Not Renewed (New) |  |
| **X-R** | Not Renewed (Renewal) |  |
| **ZER** | Created In Error |  |
| **ZIN** | Info Only |  |

## Select the Correct Issuing Company & Premium Payable (ICO/PPE)

|  |
| --- |
| When setting up a policy, it is critical to select the correct writing/issuing company. In most cases, once you select an Issuing Company (ICO) the associated Premium Payable Entity (PPE) will auto-fill. You may need to select another option from the dropdown if your plan has an administrator, or if we are receiving commission from someone other than the carrier.    If the Premium Payable Entity (PPE) is not an AM BEST RATED carrier, change the Premium Payable dropdown to BR – Broker External. This list will include administrators, small/regional carriers who are not AM Best Rated, or outside parties such as other platforms or referring brokers. |

## Service Summary Row Stages

|  |
| --- |
| * **In Process** – Policy details are not complete, and the application is open for edits * **Submitted** – it has been sent to the carrier for action and the application is now locked down * **Issued** – policy has been issued by the carrier or confirmation of coverage received from carrier * **Not Issued** – Use only if policy has not been issued by the carrier and it was previously in submitted stage * **Cancelled** – Cancellation has been confirmed by the carrier * **Migrated** – one time use for conversion and simulates the stage of submitted |

## Add New Monoline Policy

|  |
| --- |
| 1. Click **Policies** from the Navigation Panel (left) 2. Click the **Add** button (+) 3. Select **Contracted** 4. Enter **Policy Type** from dropdown list; change description as needed – See Policy Types for Best Practices see below:   [**Policy Types – Insurance Products Employer paid**](#_Service_Summary_Row)  [**Policy Types – Voluntary (Employee Paid) Benefits**](#_Policy_Types_–_1)  [**Policy Types – Benefits**](#_Entering_Non-insurance_Services) **Services**  [**Policy Types - Individual Benefits**](#_Policy_Types_–_3)     1. Enter policy number if known, if not enter TBD 2. Enter **Effective** and **Expiration dates** (defaults to system date and plan year term) 3. Enter **Structure**: Agency, Branch, Department [**Platform Structure**](#_Add_New_Personal) (*Note: Set defaults under Config/User Options*) 4. **Lines of Business**:  * Verify Policy Line * **Status** = Review policy line status to choose the correct status, [**Policy Statuses**](#_Policy_Statuses) * **Click** Direct Bill if not already set as your default * Select appropriate **Profit Center,** see [**Digital Platform Epic Structure**](#_Add_New_Personal) * Select **Issuing Company** (ICO) * Select **Premium Payable Company** (PPE)   **Note:** If PPE is a Broker or administrator, change **CA** to **BR** and enter broker name from dropdown list   1. **Line Commission**:    * Enter carrier policy **commission percent**. *(See quote from carrier/GA to confirm)*.    * Enter **Line estimated premium:** Estimate Annual Premium only. Enter premium quoted.    * Click **Calculate** to calculate the commission amount      1. Click **Detail**   **Add Activity:**   1. Select **APOL** (add policy) 2. Verify **Who/Owner**; reassign to another employee for follow-up if needed 3. **Follow-up/Start Date**: Defaults to 3 days from system date. Adjust as needed. 4. **Open/Close**: Leave open for follow up on receipt of policy from carrier 5. Add **Note:** enter all notes pertaining to this “Add Policy” process to document the file 6. Click **FINISH**     **PR/BR Commissions area**  17. Validation Error dialog box will appear if the **Pr/Br Commissions** area is not pre-filled. This is a required area. Click OK on the dialog box. This will take you directly to the [**PR/BR Commissions**](#_Add_Pr/Br_Commissions)tab within the policy.    **Servicing Tab:**  18. Select the **EB Producer 1** and **EB Servicer 1** (required) from the dropdown lists  **Line Tab:**  A screenshot of a computer screen  Description automatically generated19. Use the **Line ID** to identify more details about the benefits being offered, plan name, network, metal level, etc.  **Categories/History Tab:**  20. Add all applicable [**Line Level Agency Defined Categories**](#_Adding_Policy_Level). If there was an increase of employees, a new line of coverage added, or a plan design change, those categories must be added each year when applicable (will not carry over at renewal).  21. Use the comment box to note any additional information about the line of business, such as network or rate guarantee.  22. Click the X on the left panel to close out of the policy detail   * + **In Process Policy** dialog box opens   + If all the policy information is accurate and complete, Select **Yes, Perform Action**   [**Service Summary Row Stages**](#_Service_Summary_Row_1)   * + **If additional information needs to be added to the policy, click No, Leave “In Process”**   23. Click **FINISH** |

## Add New Package Policy

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Click **Policies** from the Navigation Panel (left) 2. Click the **Add** button (+) 3. Select **Contracted** 4. **Policy Types** = **See Chart Below**   Benefits Packages can cross all types of policies as long as they have the same carrier, policy number and effective dates.   |  |  | | --- | --- | | **CODE** | **DESCRIPTION** | | **GMD1** | Group Medical | | **GMD2** | Group Medical – Self Funded | | **GMD3** | Group Medical – Self Funded Captive | | **GMD4** | Group Medical – Level Funded | | **GDE1** | Group Dental | | **GDE2** | Group Dental – Self Funded | | **GPK1** | Group Benefits Package | | **VPKG** | Voluntary Group Package |   Group Medical and Group Dental policies are for multiple plans under a unique carrier. All medical and dental lines under all policies must use the codes that start with “X” to indicate the network for each plan offered.  [**Line Types – Only used within a package policy**](#_Line_Types_–)      Group Benefits Package policy is used for multiple lines that share the same effective dates and policy number. The lines under the Group Benefits Package can include Group or Voluntary plans.  [**Policy Types – Insurance Products with Employer Contributions**](#_Service_Summary_Row)  [**Policy Types – Voluntary (Employee Paid) Benefits**](#_Policy_Types_–_1)     1. Enter policy number if known, if not enter TBD 2. Enter **Effective** and **Expiration dates** (defaults to system date and plan year term) 3. Enter **Structure**: Agency, Branch, Department [**Platform Structure**](#_Add_New_Personal) (*Note: Set defaults under Config/User Options*)   **Lines of Business**:   1. **Line:** Enter the first line in the package. For Medical and Dental group lines there are specific “X” code lines that should be added to indicate the network offered.   [**Line Types – Only used within a package policy**](#_Line_Types_–)  For other lines of coverage use the standard line codes such as **GDI1**(Group LTD) or **GDL1** (Group Life – Employer Paid). “Group” line types are employer paid coverage. “Voluntary” line types are for coverage where the employee contributes toward the cost. [**Policy Information**](#_Policy_Information)   1. **Status** = Review policy line status to choose the correct status, [**Policy Statuses**](#_Policy_Statuses) 2. Select appropriate **Profit Center,** see [**Platform Structure**](#_(PLATFORM_NAME)_Platform) 3. Select **Issuing Company** (ICO) 4. Select **Premium Payable Company** (PPE)     ***NOTE: If PPE is a Broker, change CA to BR and enter broker name from dropdown list***   1. **Line Commission**:    1. Enter carrier policy **commission percent**. *(See quote from carrier/GA to confirm)*    2. Enter **Line estimated premium:** Estimated Annual Premium only (no taxes or fees). Enter premium quoted.    3. Click **Calculate** to calculate the commission amount     ***NOTE: If the carrier quoted a premium/commission for the entire package enter the premium and commission amount only on the first line of business. Additional lines will be recorded with $0 premium and 0% commission.***  **If you do not know the commission percentage enter 1%. This will flag the policy to be updated by accounting.**  ***If you are recording the premium and commission per line (i.e., one premium and commission for the GDEN and another premium and commission amount for the GVIS), enter the premium and commission on each line.***   1. Click **Detail**   **Add Activity:**   1. Select **APOL** (add policy) 2. Verify **Who/Owner**; reassign to another employee for follow-up if needed 3. **Follow-up/Start Date**: Defaults to 3 days from system date. Adjust as needed. 4. **Open/Close**: Leave open for follow up on receipt of policy from carrier 5. Add **Note:** enter all notes pertaining to this “Add Policy” process to document the file 6. Click **FINISH**   **PR/BR Commissions area**  21. Validation Error dialog box will appear if the **Pr/Br Commissions** area is not pre-filled. This is a required area. Click OK on the dialog box. This will take you directly to the [**PR/BR Commissions**](#_Add_Pr/Br_Commissions)tab within the policy.    **Servicing Tab:**  22. Select the **EB Producer 1** and **EB Servicer 1** (required) from the dropdown lists  **Line Tab:**  A screenshot of a computer screen  Description automatically generated23. Use the **Line ID** to identify more details about the benefits being offered, plan name, network, metal level, etc.  **Categories/History Tab:**  24. Add all applicable [**Line Level Agency Defined Categories**](#_Adding_Policy_Level). If there was an increase of employees, a new line of coverage added, or a plan design change, those categories must be added each year when applicable (will not carry over at renewal). You can also use the “Apply to all lines” button if the category applies to all lines within the package.  25. Use the comment box to note any additional information about the line of business, such as network or rate guarantee.  **Add Additional Lines to the Package**  26. Under **Lines of Business** (at the top), click the **Add** button (+)  27. Enter the next line of business for the Package Policy (i.e. GVIS / GLIF)  28. Once you have completed the necessary fields on the Add a Line of Business screen (below) click the **Add** button (bottom right) until all lines under the package have been completed. When all lines have been added, click **FINISH**      29. Click the X on the left panel to close out of the policy detail   * **In Process Policy** dialog box opens * If all the policy information is accurate and complete, Select **Yes, Perform Action** * [**Service Summary Row Stages**](#_Service_Summary_Row_1) * **If additional information needs to be added to the policy, click No and Leave “In Process”** * Click **FINISH**     The policy list view will show the Package policy with the package header (in bold) and each policy line beneath it.  **Benefits Package:** |

## Entering Benefits Services (HSA, FSA, COBRA, etc.)

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| 1. Click **Policies** from the Navigation Panel (left) 2. Click the **Add** button (+) 3. Select **Contracted** 4. **Policy Type** = Choose one of the service codes that starts with GX   [**Policy Types – Benefits**](#_Policy_Types_–_2) **Services**   1. Enter policy number if known. If unknown, enter TBD 2. Enter **Effective** and **Expiration dates** (defaults to system date and plan year term) 3. Enter **Structure:** Agency, Branch, Department choose Benefits Small (2-19 eligible) or Benefits Middle (20-99 Eligible)      1. **Lines of Business**: Verify Policy Line 2. **Status** = Review [**Policy Statuses**](#_Policy_Statuses) to choose the correct status 3. **Click** Direct Bill if not defaulted 4. Select appropriate **Profit Center,** see [**Digital Platform Epic Structure**](#_Add_New_Personal) 5. **For the Issuing Company** (ICO) – Choose SERVIC - Service Only 6. Select **Premium Payable Company** (PPE) – This should be the vendor that holds the service. Change **CA** to **BR** and enter broker name from dropdown list and choose the vendor for that service.      1. Enter the commission amount under line commission and annual premium. If no commission is received, then put $0 in both boxes. 2. Click **Detail**     **Add Activity:**   1. Select **APOL** (add policy) 2. Verify **Who/Owner**; reassign to another employee for follow-up if needed 3. **Follow-up/Start Date**: Defaults to 3 days from system date. Adjust as needed. 4. **Open/Close**: Leave open for follow up on receipt of policy from carrier 5. Add **Note:** enter all notes pertaining to this “Add Policy” process to document the file 6. Click **FINISH**     **PR/BR Commissions area**  22. Validation Error dialog box will appear if the **Pr/Br Commissions** area is not pre-filled. This is a required area. Click OK on the dialog box. This will take you directly to the [**PR/BR Commissions**](#_Add_Pr/Br_Commissions)tab within the policy. Enter applicable Pr/Br entries based on scenario.    **Servicing Tab:**  23. Servicing roles will prefill with any roles entered at the account level. Review & update if needed. At minimum, each policy will need the **EB Producer 1** and **EB Servicer 1** entered.  **Line Tab:**  A screenshot of a computer screen  Description automatically generated24. Use the **Line ID** to identify more details about the benefits being offered, plan name, network, metal level, etc.  **Categories/History Tab:**  25. Add all applicable [**line level Agency Defined Categories**](#_Adding_Line_Level) or additional comments about the service.  26. Click the X on the left panel to close out of the policy detail   * **In Process Policy** dialog box opens * If all the policy information is accurate and complete Select **Yes, Perform Action**   [**Service Summary Row Stages**](#_Service_Summary_Row_1)   * **If additional information needs to be added to the policy, click No, Leave “In Process”** * Click **FINISH** |

## Adding Line Level Agency Defined Categories

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| Some Agency Defined Categories are setup to be added at the policy level rather than the account level.  Policy Level Agency Defined Categories:   |  |  |  | | --- | --- | --- | | **Category** | **Option** | **When to Use** | | AAS | Increased EE's | If an increase of EE’s | | New Line of Coverage | If a new line of coverage was added | | Onboarding | Added to all lines entered as part of a block transfer  or  A block transfer one-off (existing AP sends over another group to be serviced by ADS after the initial block  transfer has been completed) | | New Logo Sale | Add this to all policies won as part of a new logo sale from a closed Opportunity (AP Lead or Self-Generated Lead) | | Cyber Policy | When Cyber coverage is accepted with the Administration fee process (Micro Fees), see [Micro Fees Job Aids](https://acrisure.sharepoint.com/sites/VEN-CTR-AcrisureAdvantageIns.Services2/Shared%20Documents/Forms/AllItems.aspx?ga=1&id=%2Fsites%2FVEN%2DCTR%2DAcrisureAdvantageIns%2EServices2%2FShared%20Documents%2F1%2E%20ONEDRIVE%20Collaboration%2FOnboarding%2FSystems%20Implementation%2F1DS%20EB%20Training%20Materials%2FMicro%20Fees&viewid=54cb4941%2D1e00%2D4e26%2Da989%2D71ddfadd32fb) for details. | | Plan Design Change | If plan design changed/improved | | AP Source | 1NJ - Acrisure New Jersey |  | | 1NW - Acrisure Northwest |  | | 1NY - Acrisure New York |  | | 1SO - Acrisure South |  | | 1WC - Acrisure West |  | | ADS - Acrisure Digital Solutions |  | | 1SW - Acrisure Southwest |  | | 1SE - Acrisure Southeast |  | | 1GL - Acrisure Great Lakes |  | | 1MA - Acrisure Mid Atlantic |  | | 1MW - Acrisure Midwest |  | | 1NE - Acrisure New England |  | | AcriSource |  | | Bell-Anderson Agency, Inc. |  | | Bozzuto & Associates Insurance Services |  | | BXA Insurance Services |  | | Carlisle Insurance Agency |  | | Echelon Advisors |  | | Filice |  | | FSI/DSI |  | | GCH Insruance |  | | GDP Advisors |  | | Insurance Resource Group |  | | Midwest Benefits |  | | ProCo Insurance Services |  | | QuickInsured,LLC.com |  | | Sound Benefits Services Inc. |  | | Cornerstone |  | | Vantreo Insurance Brokerage |  |  1. From the client’s account, click Policies from the left panel 2. Double click the policy you wish to add the Agency Defined Category to 3. In the left panel, click **Servicing/Billing > Line,** then click to the **Categories/History** 4. Click the (+) in the **Agency Defined Category** section, select the applicable category/categories      1. If the Agency Defined Category should be applied to multiple lines within a package, use the “Apply to All Lines” button to add them 2. Click **FINISH** 3. Click the X on the left panel to exit the policy |

## Benefits Policy Effective/Expiration Date Change

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| 1. Select Policy 2. **ACTIONS** > Change Effective/Expiration Dates 3. Enter new dates (Note: Service Summary Row Dates may need to be updated as well)      1. Activity **CEED** - Change to Closed if no follow-up needed |

## Copy Policy

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| Use this workflow when you need to copy an entire policy to the same account or to another account.   1. Highlight the policy you wish to copy 2. Click **ACTIONS** > Copy Policy 3. Choose To Another Account or To Current Account 4. Enter Lookup Code of the Other Account (if copying to another account) 5. Fill in structure and policy detail 6. Click **Detail** 7. Policy has now been copied. Update Servicing and **Pr/Br Commissions** as well as additional details as needed. |

## Multi-Year Policies

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| * The way multi-year policies are set up in Epic is dependent on when premium is billed/collected. * If premium is collected at policy inception for the entire policy term add the policy with an expiration date showing the true end of the policy term.   *Example: Jane Smith has a three-year Life Insurance policy. The carrier is collecting the full premium at the policy inception. Policy would be entered with an effective/expiration date of January 1, 2020 to January 1, 2023.*   * If premium is collected EACH YEAR on a multi-year policy, add the policy with a one year effective/expiration date. At the end of the first year, renew the policy and bill the second-year premium. You would continue to renew the policy until the end of the policy term.   *Example: Michael Jones has a three-year Life Insurance policy. The carrier is collecting a third of the premium for the first year, a third of the premium for the second year, and a third of the premium for the third year. The policy would be entered into Epic as an annual term (i.e. January 1, 2020 to January 1, 2021). At the end of the first year, the policy would be RENEWED, and the second third of the premium would be billed. Policy would need to be renewed each year for three consecutive years.* |

## Continuous Policies (policies that do not expire)

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| **Individual Life & Health & Employee Benefits Policies:**   * If expiration date is known, enter as reflected on policy or binding documents/service contract. * If expiration date is not known, enter expiration date with 2999 as the year.   **Client Contracts/Fee Policy Types:**   * If a service contract/fee policy type and expiration date is known, enter expiration date as reflected on service contract. * If a service contract/fee policy type and expiration date is not known, enter expiration date as a one-year term and renew annually until contract is cancelled. * This process would be continued until the carrier is no longer collecting annual premiums or the plan is cancelled. |

## Renew a policy with no changes

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| 1. Locate client 2. Right click on the policy that you wish to renew 3. Select Renew 4. Review all the information in the renew box to make sure that nothing has changed 5. Make sure policy status is showing the correct information, [**Policy Statuses**](#_Policy_Statuses) 6. Once everything looks complete, click **FINISH**     **Add Activity:**   1. Select **RPOL** (renewal policy) 2. Verify **Who/Owner**; reassign to another employee for follow-up if needed 3. **Follow-up/Start Date**: Defaults to 3 days from system date. Adjust as needed. 4. **Open/Close**: Leave open for follow up on receipt of policy from carrier 5. Add **Note:** enter all notes pertaining to this “Add Policy” process to document the file 6. Click **FINISH** |

## Renew a policy with a new carrier

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| 1. Locate client 2. Right click on the policy that you with to renew 3. Select Renew 4. Review information on renewal screen and update as needed, including policy type, policy number, and commission. 5. Choose the new carrier in the issuing company and premium payable box, [**ICO/PPE**](#_Select_the_Correct) 6. Update the policy status to **REW Renewal – Rewrite (First renewal w/new carrier)** 7. Click **FINISH**   A screenshot of a computer  Description automatically generated  **Add Activity:**   1. Select **RPOL** (renewal policy) 2. Verify **Who/Owner**; reassign to another employee for follow-up if needed 3. **Follow-up/Start Date**: Defaults to 3 days from system date. Adjust as needed. 4. **Open/Close**: If any follow up is needed leave activity open and set start/follow up date accordingly, otherwise **Close > Successful**. 5. Add **Note:** enter all notes pertaining to this “Add Policy” process to document the file 6. Click **FINISH** |

## Renewing monoline policies into package policies

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| 1. LOCATE Client 2. Select Policies from the Navigation Panel 3. Right click the monoline policy and select Renew 4. Select the **Policy Type** from dropdown list; change description as needed – See Policy Types below:  |  |  | | --- | --- | | **CODE** | **DESCRIPTION** | | **GMD1** | Group Medical | | **GMD2** | Group Medical – Self Funded | | **GMD3** | Group Medical – Self Funded Captive | | **GMD4** | Group Medical – Level Funded | | **GDE1** | Group Dental | | **GDE2** | Group Dental – Self Funded | | **GPK1** | Group Benefits Package | | **VPKG** | Voluntary Group Package | | **VPK2** | Voluntary Employee Choice Package |  1. Update the information with the new policy number, estimated premium and commission. 2. Choose the new carrier in the issuing company and premium payable box, [**ICO/PPE**](#_Select_the_Correct) 3. Enter Effective & Expiration dates 4. Make sure Agency, Branch and Department are entered 5. Select the **Line of Business**:    1. **The line does not have to match the policy**    2. Verify Policy Line – If the policy type contains is **medical or dental, choose the X line code** that describes the type of network. Review the Line codes [**Line Types – Only used within a package policy**](#_Line_Types_–)    3. **Status** = Review policy line status to choose the correct status, [**Policy Statuses**](#_Policy_Statuses)    4. **Click** Direct Bill if not already set as your default      1. Make sure policy status is showing the correct information, [**Policy Statuses**](#_Policy_Statuses) 2. Once everything looks complete, click **FINISH**   **Add Activity:**   1. Select **RPOL** (renewal policy) or **RREW** (rewrite policy) 2. Verify **Who/Owner**; reassign to another employee for follow-up if needed 3. **Follow-up/Start Date**: Defaults to 3 days from system date. Adjust as needed. 4. **Open/Close**: Close successful if no follow up is needed 5. Add **Note:** enter all notes pertaining to this “Add Policy” process to document the file 6. Click **FINISH**   A screenshot of a computer  Description automatically generated   1. Double click the renewed policy 2. Select servicing/billing-> line in the left navigation pane 3. Input the estimated premium and commission at the line level 4. A screenshot of a computer screen     Description automatically generatedUse the **Line ID** to identify more details about the benefits being offered, plan name, network, metal level, etc. 5. A screenshot of a computer     Description automatically generatedClick the ADD button (+) to add more lines, entering line type, line ID, & premium & commission information for each line. 6. Continue adding lines for each plan/network 7. Once all lines are added, Click Finish      1. A screenshot of a computer     Description automatically generatedComplete the **Plan Information Form** (if applicable). 2. When finished, click the X on the left panel to close out of the detail 3. For any policies/lines from the prior policy term that were included in this package but not “renewed” (this process will only allow you to renew **one** line into the package), double click into those policies to add the “Monoline to Package” **Agency Defined Category** on each policy. 4. When finished, click the X on the left panel to close out of the detail, this process is now complete. |

## Changing Policy Type

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| 1. LOCATE Client 2. Right click on the policy you wish to renew/change 3. Select **Renew** 4. On the Renew screen, change the policy AND line type.      1. Review the remaining fields on screen, updating anything that has changed (policy number, department, policy status, carrier).      1. Click **FINISH** 2. A system-generated activity pop-up will appear, enter any notes on the **RPOL** activity. You can leave open and set the follow up/start date as needed, or close the activity successful if no further follow up is needed. 3. Click **FINISH** 4. Double click the renewed policy 5. Select servicing/billing-> line in the left navigation pane 6. Make any needed updates to the **Line ID** and **plan information form** (if applicable). 7. When finished, click the X on the left panel to close out of the detail |

## Policy Reinstated Workflow

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| 1. From the client’s account, click Policies from the left panel 2. Select the CANCELLED policy to be reinstated 3. Click **ACTIONS > Reinstate** 4. Enter date the policy was reinstated 5. Add Description 6. Review policy status, update back to original status 7. Click **FINISH** 8. Activity = **REIN** will generate: Add detailed notes as to why the policy was reinstated 9. Close Activity Successful, click **FINISH** 10. With the policy highlighted, click **ACCESS > Activities – All Activities** 11. Right click on the **CPOL** activity and select Reopen. Right click the activity again & select close, update from closed Unsuccessful to close Successful, click **FINISH** |

# Opportunities

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| **Best Practice:** Opportunities are used when you are working with a prospect that is not yet a client and potential products and/or RFP’s need to be tracked.   * Add the prospect in Epic, make sure to check and see if they are an existing client first. Instead of choosing a client, make sure to choose a prospect while setting up the client [**Locate Account**](#_Locate_Account) * To add the opportunity, click opportunities on the left navigation pane, then click the plus sign.      * Enter the opportunity detail:   **Description**  Health & Benefits, 401k, Payroll, HR Services, Etc  **Target Close Date**  **Policy effective date, AOR date**  **Source**  **Referral Source**  **SIC Code**  **Enter the agency structure** [**Platform Structure**](#_(PLATFORM_NAME)_Platform)  **Enter the estimated value**  **Revenue**  **Estimated annual commission**  **# of Risks (Eligible Employees)**  **Select the Owner**  **Enter the stage details**  **Choose the default group**  **Choose the correct stage from the following:**  A screenshot of a computer  Description automatically generated Unqualified, Qualified, Interest, Discover, Validate, Market, Propose, Negotiate  **Enter any comments associated with the opportunity** |

## Manage Opportunities

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| **To view opportunities on your home screen:**   1. From home the home screen, configure 2. Scroll down to user options and customize home base 3. Check the box for Opportunities 4. Click **FINISH** 5. The next time you login, the Opportunities dashboard will be on your home screen.       **Adjusting your view on the home screen:**  These features can be used to change what opportunities you see on your home screen, and what you see about each opportunity.   * Adjust opportunity filter to Next 30, 60, 90, 120 or 150 days * View others’ opportunities * Select Columns     **To update opportunity detail:**   1. Locate Account 2. Click Opportunities 3. Double click or click the edit button 4. Update details as needed     **Change opportunity stage:**   1. Select Opportunity (On home screen or in client account) 2. Right click – Change Stage 3. The system will default to the next stage, select another as applicable 4. Click **FINISH** |

# New Client Onboarding/BOR process

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| 1. Account Manager/Benefits Tech checks Epic to [**Locate Account**](#_Locate_Account). If it does not exist, set the client up in Epic using the add a new client account workflow [**Add New Client Account**](#_Add_New_Client_1)   2. Account Manager/Benefits Tech Reviews the contacts section to make sure all the details are included [**Add Individual Contact**](#_Add_Individual_Contact)  3. After the client is set up in the system, add the policies using the below workflows. **The effective date for the policy will be the effective date that the carrier is going to recognize the BOR letter.** For example, if an BOR letter was received on May 30th but the carrier will not recognize the BOR until July 1st then the effective date for the policy would start on July 1st and go through the end of the term. See below.  For a Monoline policy - [**Add New Monoline Policy**](#_Add_New_Monoline_1)  For a package policy - [**Add New Package Policy**](#_Add_New_Package_1)  For a non-insurance policy - [**Entering Benefits Services**](#_Entering_Benefits_Services)  4. Once the policy is set up an activity will automatically be generated.  **Add Activity:**   1. Select **BORB** (BOR Benefits) 2. In the description box, add the date that the paperwork was received for the BOR change. 3. Verify **Who/Owner**; reassign to another employee for follow-up if needed 4. **Follow-up/Start Date**: Set the follow up/start date to be the date that the paperwork was received from the client. 5. **Open/Close**: Leave open for follow up on receipt of BOR letter 6. Add **Note:** enter all notes pertaining to this “Add Policy” process to document the file      1. Add **Attachments**: Attach all the BOR paperwork to the activity. When attaching the BOR paperwork, save this information in the *Broker of Record* folder. [**Add Attachment/Document**](#_Add_Attachment/Document)      1. Click **FINISH** 2. Follow up with carriers for confirmation of BOR change. Once all confirmations are received, attach the emails to the activity and close the activity. |

# Renewal Process

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| |  |  |  | | --- | --- | --- | | Activities | | | | Activity Code | **Description** | **Tasks** | | BRSG | Pre-Renewal Notice EB Small | * 1. Pre-Renewal / Services Invoicing   2. Marketing   [Task Notes]  • Obtain in force coverages, if applicable  • Market in Suvaun  • Present New options to client   * 1. Renewal   [Task Notes]  Add new compliance services or renew existing   * 1. Post Renewal | | RENB | Pre-Renewal Notice |  | | RNCA | Renewal Call |  |  |  |  |  |  | | --- | --- | --- | --- | | Documents | | | | | Attachment | **Folder** | **Associate To** | **Comments** | | COBRA Set up Documents/Rates Renewal Updates | Compliance – COBRA | ***COBRA policy*** |  | | Open Enrollment Guide | Enrollment | ***Account*** |  | | Certificate of Coverage | Compliance – Plan Summaries & Contracts | ***Policy*** |  | | Tax Documents/ Certification/ Initial Spreadsheets and Enrollment Information |  | ***New Plan Documents*** |  | | Contribution Spreadsheets/Calculators | Marketing / Renewal | ***Policy/Account*** | See Note Below | | SBC / Benefits Summaries | Compliance – Plan Summaries & Contracts | ***Policy*** |  | | Spreadsheets (Marketing) | Marketing/Renewal | ***Account*** |  | | EE Navigator Updates (Email Set-up Information) | Marketing/Renewal | ***Account*** |  | | Any other carrier specific documents/contracts | Compliance – Plan Summaries & Contracts | ***Policy/Account*** | See Note Below | | Claims Reporting |  | ***Policy*** |  | | HAS/HRA Reporting |  | ***Policy*** |  | | Master App | Compliance – Plan Summaries & Contracts | ***Policy*** |  | | IMQ’s | Enrollment | ***Policy*** |  | | Carrier Renewal Position (Rates and Summary) | Marketing / Renewal | ***Policy/Account*** | See Note Below | | Budget Projection | Marketing/Renewal | ***Policy/Account*** | See Note Below | | Utilization Exhibits | Marketing/Renewal | ***Policy/Account*** | See Note Below | | Sold Proposal/ Final Spreadsheet/ Sold Rates | Marketing/Renewal | ***Policy/Account*** | See Note Below | | Rate Grids | Marketing/Renewal | ***Policy*** |  | | Eligibility Audit/Certification | Marketing/Renewal | ***Policy/Account*** | See Note Below | | Public Sector - Resolution | Marketing/Renewal | ***Policy/Account*** | See Note Below | | Public Sector – Certification | Marketing/Renewal | ***Policy/Account*** | See Note Below | | Final Census | Census | ***Account*** | See Note Below | | Non-Discrimination Testing | Compliance | ***Policy*** |  |   ***NOTE: If the information has more than one line of coverage, attach the document to account level. If one line of coverage, attach the document to the policy level.***  Once the final decision is made, Epic should be updated with all the final information:  **Account Detail Tab:**   * Review the address and update if needed * Review the phone numbers/Email/Website and update as needed * Add and review the comments section for any updates * Review the servicing tab to make sure the correct staff members are listed as servicing the account. * Update the information on the Employee Benefits tab (Employee Count, COBRA admin and Form 5500)   **Contact Tab:**   * Review the contacts on the page and add or inactivate any contact if needed. * Update the information for the contacts if needed   **Policies:**  The Account Manager/Benefit Tech will complete the following:   * Renew the policies that stayed the same. [**Renew a policy with no changes**](#_Renew_a_policy) * Renew the policies that have changed carriers. [**Renew a policy with a new carrier**](#_Renew_a_policy_1) * Add any new lines of coverage. * [**Add New Monoline Policy**](#_Add_New_Monoline_1) * **[Add New Package Policy](#_Add_New_Package_1)** * Close any policies that were not renewed. [**Policy Not Renewed**](#_Policy_Not_Renewed) * Add any non-insurance policies on the policy page. [**Entering Benefits Services**](#_Entering_Non-insurance_Services) * Change policy if the group changed from fully insured to self-funded.   [**Changing Policy Type**](#_UPDATE**_Changing_from)   * Review the policy information to make sure that nothing has been missed.   **Activities**   * Review the activities section to make sure all the renewal activities are closed and that nothing else needs to be followed up on.   **Compliance**   * See Compliance Workflow for Compliance materials/actions. **[Compliance](#_Compliance)** |

# Servicing Workflow

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| 1. All contact with clients will be documented with Activities in the Epic system. To review adding an activity: [**Adding an Activity**](#_Adding_an_Activity)  2. Choose the appropriate activity code from the options below:   |  |  |  | | --- | --- | --- | | Activities | | | | Activity Code | **Description** | **Notes** | | BSEV | Benefits Service | (Member ID cards, address changes, etc) | | BILL | Billing |  | | CALL | Call |  | | GCN1 | Carrier Notice of Cancellation |  |   3. Update the description of the activity using the [**Standard Naming Convention**](#_Standard_Naming_Convention).  4. If there is follow up needed, select the date in the activity that follow up action should be taken.  5. Document all notes associated with conversations and actions in the notes box.    6. Attach any emails or additional documents to the activity and save the documents in the corresponding folder in the attachment folders.  7. Once everything has been resolved and finalized the activity can be closed with the final notes and information. |

# Referral Workflow (Real Estate, Cyber, PEO, Payroll, etc.)

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| Referrals and related correspondence will be documented with Activities in the Epic system. To review adding an activity: [**Adding an Activity**](#_Adding_an_Activity_1)  Choose the appropriate activity code from the options below:   |  |  |  | | --- | --- | --- | | Activities | | | | Activity Code | **Description** | **Folder** | | GACS | Acrisure Cyber Services Referral  (optional) | Correspondence | | GACR | Acrisure Real Estate Services Referral  (optional) | Correspondence |   Whenever a Referral is given to another division within Acrisure or any outside carrier or vendor, a policy needs to be set up to receive the referral commission.  How to set up the policy:      **Policy Type**:   |  |  |  |  | | --- | --- | --- | --- | | **CODE** | **DESCRIPTION** | **CODE** | **DESCRIPTION** | | R401 | 401k Referral | RPEO | PEO (Professional Employer Organization) | | RACS | Acrisure Cyber Services | RPRP | Portable Retirement Plan Referral | | RPA2 | Payroll Referral | RSLO | SMB Loan Referral | | RODP | On Demand Pay Referral | RTIT | Acrisure Title Referral |   **Effective date** is the date that the policy is entered, and the policy expiration date is 3 years in the future  **Account Source** needs to be entered from the drop-down box  **Agency/Branch** should default based on the user defaults entered  **Department** choose REF – Non-Insurance Referrals  **Line** of the policy will default to when the policy is set up  **Status** should be NEW  **Issuing location** would be the location  **Direct Bill** bubble should be selected  **Profit Center** select applicable profit center based on client source/referring platform  **Issuing Company –** should be SERVIC – SERVICE ONLY  **Premium payable** should be changed to BR and select the carrier or vendor. If the vendor is new, email your Regional Enterprise Applications Manager (REA) to have it added to Epic. |

# BOR Loss of Business

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| 1. The producer gets the notification that the account has been lost. This information is sent to the Primary Servicer. 2. The Primary Servicer/Support will close out all client information in Epic  * The policies will need to be cancelled. Follow the workflow for cancelling (before the end of the term) [**Policy Cancellation Mid-Term**](#_Policy_Cancellation_Mid-Term) or not renewed (policy runs until the end of the term) [**Policy Not Renewed**](#_Policy_Not_Renewed)  1. Attach any documentation received from the client and/or carrier to the **CPOL** activity and save the information in the Broker of Record folder. 2. Once all documentation has been attached, close the **CPOL/GNRN** activity - **Closed > Unsuccessful** & select the **reason** from the drop-down menu.      * Make sure there are no open activities to review or that need to be closed out. * Make sure there are no open services/contracts to review or that need to be closed out. * Review access to technology systems to see if any access needs to be cancelled or turned off. * Reach out to COBRA and/or Compliance vendor admin to stop billing the agency or working on the client. * Review the contact classifications to review which access needs to be deactivated or removed. i.e. Mineral, Ben Admin Tech, ZyWave, Monday.com, Emailing Lists, etc. * Pull historical data from Ben Admin system, if applicable.  1. Inactivate client if no other shared lines of coverage. If client has personal or commercial lines, DO NOT inactivate the client. 2. Once everything has been reviewed and closed out everything is complete with the loss of business workflow. |

# Policy Cancellations

## Policy Not Renewed

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| ***Use the workflow outlined below if:***  ***A policy has gone to term and the CLIENT has decided not to renew with your agency (Went with another agent, deceased, moved out of the area, no longer in business, etc.)***   1. From the client’s account, click **Policies** from the left panel 2. Double click the policy which is not renewing 3. In the left panel, click **Servicing/Billing > Line** 4. **Update the** [**Policy Status**](#_Policy_Statuses) **to X-N (Not-Renewed New) or X-R** **(Not Renewed Renewal)**   (Select based on original policy status)     1. Click the X on the left panel 2. With the policy highlighted, press F9 (or click **NEW > Activity**) and select the **GNRN** Activity 3. Add notes as to why the policy non renewed 4. Leave activity open so you can come back to attach documentation   7. Click **FINISH**    8. Return to the [**BOR Loss of Business Workflow**](#_BOR_Loss_of) to continue the client offboarding process. |

## Policy Cancellation Mid-Term

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| ***Use the workflow outlined below if:***  ***A policy has been lost before the end of the plan term, whether due to BOR change or cancellation of the policy.***   1. Locate Account 2. Select Policy 3. **ACTIONS > Cancel** 4. Select Cancellation Request 5. Enter Effective Date of Cancellation 6. Enter a description      1. Click **DETAIL** 2. A system generated activity screen will pop up, select: **CPOL-** Add notes (who, what, where, when, how). Leave activity open so you can come back to attach documentation. 3. Click **FINISH** 4. X out of Policy (from the left navigation panel) 5. To finalize the cancellation, go to **ACTIONS > Issue Cancellation** 6. Make sure to change the line status description based off the original policy status[**Policy Statuses**](#_Policy_Statuses) 7. Verify that all the information is correct and click **FINISH** 8. Return to the [**BOR Loss of Business Workflow**](#_BOR_Loss_of) to continue the client offboarding process. |

## Cancel Policy Line from a Package Mid-Term

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| 1. From the Client’s account, click Policies from the left navigation panel 2. Select the policy line in question 3. Click **ACTIONS** > Cancel 4. Select Cancellation Request 5. Enter Effective date of cancellation 6. Enter Description (Example: Delete Equipment Floater - no longer needed) 7. Uncheck all lines that are NOT being cancelled and check only the line that IS being cancelled      1. Select **CPOL** Activity if the business was lost. Select the **CREW** if the coverage was rewritten. 2. The cancellation description will then default into the activity description. 3. The follow up start date will default to today’s date, change as needed. 4. Leave the activity open if there are additional follow ups to be made. If not, choose the radio button closed. 5. Enter the notes as to why this line is being cancelled. 6. Click **FINISH** 7. X out of Policy (from the left navigation panel) 8. To finalize the cancellation, go to **ACTIONS > Issue Cancellation** 9. Make sure to change the line status description based off the original policy status[**Policy Statuses**](#_Policy_Statuses) 10. Verify that all the information is correct and click **FINISH** |

## Cancel Policies Created In Error (Issued)

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| If the policy is in **ISSUED** stage:  1. Right click on the policy you wish to remove  2. Select **Change Effective/Expiration Dates**  3. If you get a popup, click **YES**  4. Change the Expiration date to match the effective date plus one day  5. Click **FINISH**  6. A system-generated activity window will pop up for the CEED activity, mark as Closed / Successful, then click **FINISH**.  7. Double Click the same policy  8. From the Navigation Panel, click **Servicing/Billing > Policy**  9. Add DNU\_ to the policy number  10. On the left panel, click Line under **Serving/Billing**  11. Change the status to **ZER (Created in Error)**  12. Click the **X** on the left panel to close the policy detail |

## Cancel Policies Created In Error (In process / migrated)

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| If the policy is in **IN PROCESS/MIGRATED** stage:  1. Highlight Policy in question  2. Click **ACTIONS > Issue/Not Issue Policy**  3. Add “DNU\_” to the beginning of the policy number  4. Change the Expiration date to the same as the Effective date  5. Change the Status to **ZER (Created in Error)**  6. Click “**NOT ISSUE**” policy  7. Click **Finish** |

# Compliance

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| |  |  |  |  | | --- | --- | --- | --- | | Activities | | | | | Activity Code | **Description** | **Folder** | **Notes** | | B550 | 5500 Filing | Compliance – 5500 |  | | BACA | ACA Reporting | Compliance – ACA Reporting |  | | BCOB | COBRA | Compliance – COBRA |  | | BREG | Regulatory Notice & Disclosures | Compliance |  | | BWRA | WRAP | Compliance |  | | BPCO | PCORI | Compliance |  | | BCOM | Benefits Compliance | Compliance | Any other general benefits compliance |  * Set up the activity based on the type of compliance that is being worked on. [**Adding an Activity**](#_Adding_an_Activity) * Make all the necessary notes regarding the activity * Attach the documentation/email that was sent notifying the client about upcoming compliance steps. Attach the email to the corresponding folder above. [**Add Attachment/Document**](#_Add_Attachment/Document) * Follow up on the activity, if needed. * Once everything is included in the activity then make all final notes and close out the activity. |

## ERISA 408 (b)(2) Broker Disclosure Notice Workflow

### Generating The Broker Disclosure Notice

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| **Best Practice –** This notice is required to be sent out when a broker expects to receive $1,000 or more in direct or indirect compensation for providing their services.  This notice needs to be sent out **PRIOR** to the new plans taking effect. Example – If a group renews their policies on August 1, 2023, then this notice must be sent to the client prior to July 1, 2023.  This should be populated for **ALL** clients prior to their plans renew. If the total on the disclosure form is not above $1,000 then do not save the disclosure under attachments. If the compensation is over 1,000 then save the disclosure in attachments to send this out to the client.  ***\*\*For additional instructions on completing the notice after generating it, see*** [***Completing the Broker Disclosure Notice***](#_Completing_the_Broker)  **To Produce the Broker Disclosure Notice**   1. Locate the client in Epic using the Locate feature, click attachments in the left navigation bar.      1. Under the attachment menus, click the ADD + symbol to add the notice.      1. On the next screen, make sure the document bubble is selected and click continue.      1. On the next screen, from the template drop down menu, choose the Employee Benefits template folder, then select ERISA Section 408(b)(2) Disclosure Addendum from the drop-down box. 2. Click the box to the left of the correct contact.   A screenshot of a computer  Description automatically generated   1. Click the Policy/Claim tab and click the box to the left of each policy to be included.   A screenshot of a computer  Description automatically generated   1. Select Continue   ***NOTE: When choosing the policy, make sure to include ALL applicable policies for the same term to calculate the total commissions received for that client within that policy term. Do not select and policies that would pull in Service Only as the ICO.***  Once all the information is selected from these two areas, click continue at the bottom of the screen.   1. The next screen is the Attach to screen. Areas to complete:   **Description** – Complete the description based on the naming convention in place for your platform. This can be found in your Epic workflow or your Epic Cheat Sheet documents.  **Important Document** – Do not check this box as an important document.  **Folder** – In the drop-down folder, choose employee benefits  **Comments** – Add any necessary comments  **Access** – Choose Benefits or HIPAA from the Access drop down box   1. Click Finish when all the information is updated in the attach to box.   A screenshot of a computer  Description automatically generated   1. When you click finish, the document is then produced and pops up on the screen for review. The system will prompt you to add your initials to the document. Enter your initials and click ok.      1. Review the document for accuracy, taking note of the calculated compensation (+/- $1000). Click the X at the top right of the screen as long as the document looks accurate. 2. The system will prompt you to save or not save the attachment in the system.     If **equal to or greater than** **$1,000** in compensation – Click **yes** to save the attachment.  If **under $1,000** in compensation – Click **no** to save the attachment.  This document can now be emailed to the client using your email workflow. |

### Completing the Broker Disclosure Notice

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| Group health plan brokers and consultants that reasonably expect to receive $1,000 or more in direct or indirect compensation for brokerage or consulting services provided to an ERISA-covered group health plan must disclose certain information to the plan fiduciary. **To date, the federal government has not provided any guidance on this new requirement.** **As future guidance becomes available, revisions to these materials may be necessary**.  **General Instructions**  To complete the addendum, fill-in-the-blanks in Section III and Section IV with a reasonable, good faith estimate of the compensation you expect to receive.  In addition, fill-in-the-blank in Section V with a good faith estimate of the compensation that your affiliates and subcontractors will receive in connection with the services that you provide to the group health plan. **Do not make changes to any of the other sections**.  Finally, fill-in-the-blanks at the bottom of the second page for Client, Date Sent to Client and Initials of Sender when you send the addendum to your client.  The addendum can be added to a service agreement, or it can be provided on a stand-alone basis. It should be provided to a client before the contract or arrangement is entered into, extended, or renewed, and it can be delivered electronically or in hard copy. **The addendum itself is not an agreement; it does not require signature by Acrisure or by your client**.  **Section III, Direct Compensation**  Direct compensation means any compensation payable directly from the plan with plan assets. Generally, for group health plans, plan assets only exist in connection with a self-funded plan that is funded through a trust.  **In most cases, $0 or “N/A” will be appropriate for direct compensation**.  **Section IV, Indirect Compensation**  Indirect compensation means any compensation payable from sources other than the plan, the plan sponsor, or an affiliate. For example, indirect compensation includes a commission or production bonus from an insurance carrier or third-party administrator for placement of business with that insurance carrier or third-party administrator.  **Section V, Affiliates and Subcontractors**  A health plan broker or consultant must disclose whether compensation will be paid among itself, an affiliate, or a subcontractor in connection with the services to be provided if such compensation is set on a transaction basis (such as commissions, finder’s fees, or other similar incentive compensation based on business placed or retained).  **In most cases, $0 or “N/A” will be appropriate for affiliate and subcontractor compensation**.  MJ\_DMS 33620655v3 25288-6 |

### Broker Disclosure Notice FAQs

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| **ERISA Sec. 408(b)(2) Group Health Plan Compensation Disclosure**  **Frequently Asked Questions**  Q1. **What is the purpose of this disclosure?**  A1. ERISA prohibits transactions between an ERISA plan and a “party-in-interest,” such as service providers. However, an exception allows such transactions so long as the plan only pays reasonable compensation. This new disclosure requirement is intended to provide the plan with information about services and compensation in order for the plan to determine whether that compensation is reasonable.  Q2. **Why is Acrisure required to provide this disclosure?**  A2. The disclosure requirement applies to all service providers to ERISA group health plans, which includes Acrisure in its role as a broker or consultant.  Q3. **When must the disclosure be provided to a client?**  A3. The disclosure is required to be provided to all new clients upon entering into the client relationship, and to all existing clients upon renewal date. For example, if a client’s group health plan renews January 1, this disclosure must be made annually prior to or coinciding with the January 1 renewal date. This is an **advance** notice requirement.  Q4. **What information must be disclosed?**  A4. The disclosure must list all forms of direct and/or indirect compensation that we expect to receive associated with the services we provide. This is a **forward-looking** disclosure and may require best efforts at a reasonable estimate rather than an exact compensation amount, which may be expressed as a dollar figure or a percentage of premium.  Q5. **What sources of compensation must be included?**  A5. The disclosure applies to compensation received for services to ERISA group health plans, which includes **medical, dental, and vision plans, Health FSAs, and HRAs**. It does not apply to non-health benefits like life, disability, indemnity coverage, etc.  Q6. **What types of compensation must be included?**  A6. Commissions received from insurance carriers and referral fees or payments paid by vendors or others must be disclosed. Direct payments made by the employer, such as for consulting services we provide to a self-insured plan, are not subject to the disclosure.  Q7. **Who should send out the disclosure?**  A7. Anyone on the client’s service team can provide the disclosure in hard copy or electronically. For example, a broker may choose to include the disclosure as part of a plan’s renewal package or as an exhibit to a service agreement, or an account executive may choose to send the disclosure to the client via email.  **If you have any questions or concerns related to this disclosure requirement, please contact** [**ACS@Acrisure.com**](mailto:ACS@Acrisure.com)**.** |

# Client Service Contracts

## Adding a new service contract

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| 1. Locate Client Account 2. On the left Navigation Panel, click Client Contracts 3. Click Services 4. Click **Add** button (+) 5. Select a Service Code from the dropdown menu, Review service codes to choose the correct code.  |  |  |  | | --- | --- | --- | | **CODE** | **DESCRIPTION** | **DEPARTMENT** | | \*FLB | EB Fee in Lieu of Commission (Micro Fee) | BEL, BEM, BES | | BPAF | B. Policy Administration Fee (Micro Fee) | BEL, BEM, BES |  1. Enter Contract number, if applicable  NOTE: If you are adding a New Service and including billable fees where there is no policy association, be sure to add #NEW in the Contract Number field 2. Enter Description of the Service provided 3. Enter term of service from the dropdown menu, and the inception and expiration dates 4. Enter Agency, Branch & Department 5. Click **DETAIL**      1. **ADSC** Activity defaults    * Verify Who/Owner    * Defaults as Closed, but mark as Open if follow up is needed and verify follow-up/start date    * Add Notes 2. Add Type of Fee (Flat or Hourly) 3. Enter contracted fee / contracted hours as needed 4. Click the **Association** tab: Click **Add** button (+) to associate this service with existing client policy(ies)      1. Click the **Itemizations** tab: Click **Add** button (+)   - Enter description of service  - Name of person who provided the service  - Account Contact  - Mileage (if applicable)  - Hours of service provided  - Hourly rate  - Calculate total  ***NOTE: If using a PEPM fee enter the number of employees in the Hours of service line and the flat dollar PEPM fee as the hourly rate.***     1. Click the Servicing Tab:  * Enter EB Primary Producer and EB Account Manager  1. Click the **Pr/Br Commissions** Tab: [**PR/BR Commissions**](#_Add_Pr/Br_Commissions) 2. Click Attachments from the Navigation Panel and click the **ADD** button (+) to add any attachments associated with the service (i.e. Service Contract, etc.) 3. When finished, click the X on the left panel 4. For the ADS specific Micro Fee process, see [**Micro Fees**](#_Micro_Fees) section below for links to job aids and training materials |

## Micro Fees

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| When Cyber coverage is accepted with the Administration fee process (Micro Fees), see [**Micro Fees Job Aids**](https://acrisure.sharepoint.com/:f:/r/sites/ACR-AcrisureDigital/Shared%20Documents/Digital%20Learning%20Channel/Employee%20Benefits/EPIC%20Employee%20Benefits/Micro%20Fees?csf=1&web=1&e=58XgjJ) for details.  Be sure to also add the Cyber Policy [**Agency Defined Category**](#_Adding_Policy_Level) to the applicable policy. |

# ADS Revenue & Compensation Structure

## Structure Chart

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| Revenue & Structure Chart  [**ADS Revenue & Compensation Structure\_revised 3-6-25.xlsx**](https://acrisure.sharepoint.com/:x:/r/sites/ACR-AcrisureDigital/Shared%20Documents/Digital%20Learning%20Channel/Employee%20Benefits/EPIC%20Employee%20Benefits/Revenue%20%26%20Compensation%20Structure/ADS%20Revenue%20%26%20Compensation%20Structure_revised%203-6-25.xlsx?d=wd84db39b7498457bbf09a79cac5f2cb8&csf=1&web=1&e=nhNDHZ) |