

Case Build

"Good data in equals good data out."

Please fill out the fields below, add any notes for the plans and attach all plan docs on the last page. Once you are finished just hit submit on the last page. Thanks for partnering with Velocity Benefits!

Company and Contact Info

Company Name *

Name of Brokerage

Contact Info

Contact Name	Phone	Email
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Business Contact Info - Primary

Business Contact Info - Secondary

Broker Contact Info - Primary

Broker Contact Info - Secondary

* Please note that if locations, job titles or any other info is required for reporting then they need to be on the census at time of submission.

Velocity Rep's Name

Plan Effective Date *



Month Day Year

Enrollment Start Date *



Month Day Year

Number of Benefit Classes # of Employees Number of Locations Locations Required on Reporting?

.

Company Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Business Basics

Type of Business

SIC Rating

Tax ID

.

Class Structure and Product Offering

Date of First Payroll after Effective Date *



Month Day Year

Date of Second Payroll after Effective Date *



Month Day Year

How will Open Enrollment be Conducted? Check all that apply:

- Face to Face
- Telephonic
- Self-Service

Classes

Class Name	Number of Pay Cycles	Waiting Period	Benefits Eligibility	Termination Day
Class 1				
Class 2				
Class 3				
Class 4				

Please select the plans below that are being offered:

	Check the Plans Being Offered	Name of Carrier	Number of Plans	Pretax (Check if Yes)
Medical				
Dental				
Vision				
Basic Life				
Voluntary Life				
Short Term Disability				
Long Term Disability				
MEC				
Accident				

Critical Illness

Hospital Indemnity

GAP

FSA

HSA

Post Enrollment Reporting

Locations

Job Titles

Other

Required Info for Reporting

Notes on Classes and Product Offerings:

Medical

If Face to Face, number of locations

Will the platform be left behind as a Benefits Admin system?

Will this be build on our license or do you have your own license?

Medical Plan 1: Name

Medical Plan 1 Rates (Just need Employer OR Employee Contributions)

Monthly Rate Monthly Employer Contribution Employee Monthly Contribution

Employee

Employee/Spouse

Employee/Child

Employee/Children

Family

Medical Plan 1: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

'Medical Plan 2: Name

Medical Plan 2: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

Medical Plan 2 Rates (Just need Employer OR Employee Contributions)

	Monthly Rate	Monthly Employer Contribution	Employee Monthly Contribution
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Employee

Employee/Spouse

Employee/Child

Employee/Children

Family

Medical Plan 3: Name

Medical Plan 3: Which Classes are eligible for this plan?

- All
- Class 1
- Class 2
- Class 3

Medical Plan 3 Rates (Just need Employer OR Employee Contributions)

Monthly Rate Monthly Employer Contribution Employee Monthly Contribution

- Employee
- Employee/Spouse
- Employee/Child
- Employee/Children
- Family

Dental

Dental Plan 1: Name

Dental Plan 1: Which Classes are eligible for this plan?

- All
- Class 1
- Class 2
- Class 3

Dental Plan 1 Rates (Just need Employer OR Employee Contributions)

Monthly Rate Monthly Employer Contribution Employee Monthly Contribution

- Employee
- Employee/Spouse
- Employee/Child
- Employee/Children
- Family

Notes for Dental Plans:

Dental Plan 2: Name

Dental Plan 2: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

Dental Plan 2 Rates (Just need Employer OR Employee Contributions)

	Monthly	Monthly Employer Contribution	Employee Monthly Contribution
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Employee

Employee/Spouse

Employee/Child

Employee/Children

Family

Notes for Dental Plans:

Vision

Vision Plan 1: Name

Vision Plan 1: Which Classes are eligible for this plan?

- All
- Class 1
- Class 2
- Class 3

Vision Rates 1 Rates (Just need Employer OR Employee Contributions)

Monthly Rate Monthly Employer Contribution Employee Monthly Contribution

- Employee
- Employee/Spouse
- Employee/Child
- Employee/Children
- Family

Vision Plan 2: Name

Vision Plan 2: Which Classes are eligible for this plan?

- All
- Class 1
- Class 2
- Class 3

Vision Rates 2 Rates (Just Need Employer OR Employee Contributions)

Monthly Rate Monthly Employer Contribution Employee Monthly Contribution

- Employee
- Employee/Spouse
- Employee/Child
- Employee/Children

Family

Notes on Vision Plans:

Short Term Disability

Short Term Disability: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

Type a question

% of Weekly
Earnings

Rounding
Type

Round
to

Minimum
Benefit

Maximum
Benefit

Waiting
Period

Benefit
Period

STD

Short Term Disability

Employer Paid

Disability Rates

Short Term Disability Monthly Rate per \$10 of Benefit

Employee Monthly Rate

18-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70+

Notes for Short Term Disability:

Short Term Disability Plan 2: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

Type a question

**% of Weekly
Earnings**

**Rounding
Type**

**Round
to**

**Minimum
Benefit**

**Maximum
Benefit**

**Waiting
Period**

**Benefit
Period**

STD

Short Term Disability

Employer Paid

Short Term Disability Monthly Rate per \$10 of Benefit

Employee Monthly Rate

20-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70+

Long Term Disability

Long Disability Plan 1: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

Long Term Disability

Employer Paid

Type a question

% of Monthly
Earnings

Rounding
Type

Round
to

Minimum
Benefit

Maximum
Benefit

Waiting
Period

Benefit
Period

LTD

Long Term Rates will be:

Employee Monthly Rate

20-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70+

Long Disability Plan 2: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

Type a question

**% of Monthly
Earnings**

**Rounding
Type**

**Round
to**

**Minimum
Benefit**

**Maximum
Benefit**

**Waiting
Period**

**Benefit
Period**

LTD

Long Term Disability

Employer Paid

Long Term Rates will be:

Notes on Long Term Disability:

Basic Life

Basic Life: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

Benefit Amount:

Basic Life

Employer Paid

Age Reduction

Starting Age

Ending Age

% Reduced By:

Notes on Basic Life

Life Rates

Basic Life Monthly Rate per \$1000 of Benefit

Monthly Rate per \$1000 of Benefit

18-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70-74

75+

Voluntary Life

Employee Monthly Rate

18-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70+

Voluntary Life: Which Classes are eligible for this plan?

All

Class 1

Class 2

Class 3

Define additional plan enrollment options that should be enforced during employee enrollment (check all that apply)

Allow Dependents to Enroll Without Employee

Hide GI During Open Enrollment

Age Reduction Based on Original Benefit

Display Deductions Based on Requested Benefits

Don't Apply Reductions Requests

Spouse Reduction Based on Employee Age

Spouse GI Reduction Based on Employee Age

Benefit Amount Limits

	Minimum Benefit Amount	Maximum Benefit Amount	Multiple of Salary Limit	% of Employee Election
Employee				
Spouse				
Dependents				

Guarantee Issue Limits

	Open Enrollment	Late Entrants	Existing Enrollment
Employee			
Spouse			
Dependents			

Dependent Eligibility

	Minimum Dependent Age	Maximum Dependent Age	Maximum Student Age
Dependents			

Life Rate Rules

Spouse Rates Match Employee?	Dependents Rates Based on Age of Employee?	Life and AD&D Combined?	Rates Based on Tobacco Use?
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Voluntary Life Monthly Rate per \$1000 of Benefit

	Employee	Spouse	Tobacco Employee	Tobacco Spouse
18-24				
25-29				
30-34				
35-39				

40-44

45-49

50-54

55-59

60-64

65-69

70-74

75+

Notes on Voluntary Life

Work-site

Accident

Accident Rates

Monthly Rate

Employee

Employee/Spouse

Employee/Child

Employee/Children

Family

Hospital Indemnity

Hospital Indemnity Rates

Monthly Rate

Employee

Employee/Spouse

Employee/Child

Employee/Children

Family

Cancer Only

Cancer Rates

Employee

Spouse

Tobacco Employee

Tobacco Spouse

18-

24

25-

29

30-

34

35-

39

40-

44

45-

49

50-

54

- 55-
- 59
- 60-
- 64
- 65-
- 69
- 70+

Critical Illness

*Note - rater per \$1,000 are required for CI - please request from the carrier if you do not have them in this format.

Type a question

Update Rates On

Reduce Benefits On

When age-band changes

When Age reductions occur

Rates Based on Tobacco Use?

Age Reduction

Starting Age

Ending Age

% Reduced By:

Age Reduction

Age Reduction

Age Reduction

Age Reduction

Spouse Rate Same as Employee?

Critical Illness Rate per \$1,000 of Benefit

Employee

Spouse

Tobacco Employee

Tobacco Spouse

18-
24
25-
29
30-
34
35-
39
40-
44
45-
49
50-
54
55-
59
60-
64
65-
69
70+

Notes on Work-site Products

Dependent Rate per \$1,000

Census and Plan Doc Uploads

EDI Needed (Additional Costs May Apply)

Being Offered

Employer Contribution

FSA

HSA

HRA

Tags

Todo

In Progress

Done

FSA, HSA, HRA