



PGP New Sale Requirements

Effective 05/1/2018

Overview: Explanation of what is needed once a group sells with PGP to begin application and implementation processes.

Process:

PGP sells benefit to client using previously approved proposals. PGP will email **Kaity Norcross, knorcros@eyemed.com** and copy **Amy Geltz, ageltz@eyemed.com** with the following information for each new sale.

Note: If the Broker Contact is not appointed with EyeMed, PGP will reach out to them with the appointment paperwork. This will not slow down the implementation process.

- Group name:
- Group contact name: Group contact email:

Note: Group contact above represents for the person responsible for completing and signing the paperwork.

- Group address:
- Effective date:
- Number of eligible employees:
- Option chosen: Essential Enhanced Enhanced Plus Premier
- Contribution level: Voluntary Mixed Employer paid
- Broker firm name:
- Broker firm address:
- Broker contact name: Broker contact email:

Note: Broker name and email address above for the person who will be completing paperwork.

If different than broker above:

- Signing agent name: Signing agent email:

Note: PGP selling agent responsible for completing the paperwork.

- PGP contact name: PGP contact email:
- PGP assistant name: PGP assistant email:

EyeMed Implementation Group Requirements

I. Day-to-Day Broker Contact

- Is the day-to-day broker the same as indicated on the application?* **YES** **NO**
- If NO, Name: _____ Email: _____

II. Enrollment / Membership

EyeMed can accept your membership data a few different ways. Please indicate which option you would prefer *:

- Option 1:** Initial and ongoing membership will be managed through the **EyeMed Client Portal**
- Option 2:** Initial membership will be submitted using the **EyeMed SMB Layout** (excel document attached) with ongoing membership managed via the **EyeMed Client Portal**
- Option 3:** Initial and ongoing membership will be submitted using **HIPAA 834 or EyeMed Expanded Layout**

Open enrollment deadline: _____ (MM/DD/YYYY) Initial membership file ETA: _____ (MM/DD/YYYY)

III. TPA (Third Party Administrator) to manage Membership

- Will you be working with a TPA? * This will always be "Yes" - PGP is the TPA for client **YES** **NO**
- If YES, please provide their contact information below and indicate what the TPA will manage on your behalf?

Active <input type="checkbox"/>	COBRA <input type="checkbox"/>
TPA Name: _____	TPA Name: _____
Contact Name: _____	Contact Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

IV. Invoicing

Monthly online invoices will be available through our EyeMed Client Portal the first week of every month for the billing contact(s) provided. Each invoice will include a roster that can pre-sort your membership populations by location code. (e.g. Active, COBRA, Retiree, etc.)

- Do you need to sort and subtotal your invoice and roster by location code? * **YES** **NO**
- Are there additional billing contacts (other than the contact on the application)? * **YES** **NO**
- If YES, please provide their contact information below:

Name: _____	Needs to have access to:
Address: _____	<input type="checkbox"/> Active and Cobra
_____	<input type="checkbox"/> Active Only
Email: _____	<input type="checkbox"/> Cobra Only
Phone: _____	<input type="checkbox"/> Other: _____

V. EyeMed Client Portal

Easy-to-use online portal to quickly access your monthly invoice, roster, and enrollment reports, manage membership and much more.

- Are there additional portal users (other than group contact on the application)? * **YES** **NO**
- If YES, please provide their contact information below:

First/Last Name: _____	Phone: _____	Email: _____
First/Last Name: _____	Phone: _____	Email: _____

Should the broker office have portal access? **YES** **NO** If YES, is there an existing User ID?: _____

Fields marked with an asterisk (*) are required fields.