

Group Name

Group #

Customer Contacts

Tell MassMutual who we should work with at your organization

Primary Plan Administrator (PA) Information/Human Resources						
Full name:						
Title:						
Email:						
Preferred Phone:						
Are there additional benefits contacts? (Choose one)						
<input type="checkbox"/>	No, the above Primary Plan Administrator (PA) is the same for all roles (Admin, Billing, Claims)					
<input type="checkbox"/>	Yes, there are additional/different contacts for the various roles, as follows:					
Name	Title	Email	Phone	PA	Billing	Claims
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial Enrollment

Tell MassMutual how you plan to provide changes to member data over time so we can administer eligibility for coverage

DESIRED ENROLLMENT DATES			
Enrollment Start Date:			Enrollment End Date:
Is this enrollment Off-Cycle from your Core Benefits?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, coverage effective date:			
CORE BENEFIT PLAN YEAR DETAILS:			
Start Date:			End Date:
ENROLLMENT PLATFORM:			
What Enrollment Platform is being used*:			Broker License Name: <small>White Label</small>
Are you enrolling other benefit plans besides MassMutual on this platform? If yes, please provide details:			
Case Builder Contact Name (if using MM platform):			Case Builder Contact Phone/Email (if not MM platform):

** If multiple enrollment platforms are to be used, additional details will be requested.*

ENROLLMENT METHOD (Check all that apply):		
<input type="checkbox"/> Employee Self Service*	<input type="checkbox"/> Producer/Enroller Directed	<input type="checkbox"/> Combination
Will a group meeting be held? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are employees required to meet the producer/enroller to enroll in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will a formal communication plan be utilized for enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who is providing the formal communication materials? <input type="checkbox"/> MM <input type="checkbox"/> TPE <input type="checkbox"/> Other		
*If employee self-service is elected, Full SSN OR true Employee ID and last 4 of SSN are required on census depending on Enrollment platform selected.		

Policy Delivery – Group Whole Life Only

Tell MassMutual how you would like policies to be delivered

Group Policy (Select one):

Plan Administrator (listed above)

Producer *Provide Producer mailing address: _____

Individual Certificates: Certificate Owner (Default request) Benefits Administrator (list above)

Payroll Deduction Frequency

Tell MassMutual the organization's benefit deduction frequency - *Please provide your payroll calendar(s).*

How many payroll deductions occur each year? Choose one and provide details

<input type="checkbox"/>	<p>The entire organization has the same payroll deduction frequency of:</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (26/yr) <input type="checkbox"/> Semi-Monthly (24/yr) <input type="checkbox"/> Monthly <input type="checkbox"/> Other:</p> <p>Note: There may be a difference between paycheck frequency and deduction frequency – MassMutual needs deduction frequency</p> <p>First Pay Date in January of current year:</p> <p>If pay date falls on a weekend or company holiday, indicate when payroll will occur:</p> <p style="text-align: center;"><input type="checkbox"/> Day Before <input type="checkbox"/> Day After</p>
<input type="checkbox"/>	<p>Payroll Deduction Frequency varies based on the: <input type="checkbox"/> Benefit Class/Job Class* <input type="checkbox"/> Location/Department/Division *</p> <p><i>* Details will be requested</i></p>

Will a deduction file be needed from MassMutual? Yes No If yes, when will it be needed by (MM/DD/YY):

Note: Due to rounding calculations between enrollment platforms and MassMutual systems, deductions may have slight variances.

Invoice Preferences

Tell MassMutual how to organize your invoices and where they should be sent

NOTE: You will receive separate invoices for Group Whole Life and our other Supplemental Health Products

Choose an invoice option:

One invoice

Multiple invoices by location

Details will be requested

One self administration invoice – **For Supplemental Health products Only**
Subject to completion of assessment

How do you want your invoice(s) sorted? (N/A for self-administration bill)

Sorted A – Z by Last name

Sorted by Group, then A-Z by last name:

Class

Division

Department

Location

Billing Mode Options:

Monthly

Quarterly

Semi-Monthly (Supplemental Health products Only)

Annual

Bi-Weekly (Supplemental Health products Only)

Other

Weekly (Supplemental Health products Only)

Other details:

Initial Bill Date

The initial bill will generate upon the issuing of coverage. If requesting a different bill generation date, please advise the preferred date

Ongoing Member Management

Tell MassMutual how you plan to provide changes to member data over time so we can administer eligibility for coverage

Choose Your Preference	
New Hires	Can new hires apply throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No (Only during annual enrollment) Please provide eligibility rules in the Class Level Eligibility table below.
Qualified Life Events <i>(Paper applications required for Group Whole Life)</i>	Includes: Marriage, Legal separation, divorce or annulment, birth or adoption of a child, spouse loses employment, death of Spouse or Child <input type="checkbox"/> Yes, allowed throughout the year, completed within 30 days of life event <input type="checkbox"/> No, allowed at Annual Enrollment Only
Terminations	When are terminations effective? <input type="checkbox"/> First of the month following the event <input type="checkbox"/> Immediately

Class Level Eligibility

Benefit Classes			
	Benefit Class 1	Benefit Class 2 (if applicable)	Benefit Class 3 (if applicable)
Class Name <i>(ex: Full Time/Part Time)</i>			
Waiting Period <i>(ex: 30, 60, 90)</i>			
Waiting Period Mode <i>(days, weeks, months)</i>			
Minimum Hours for Eligibility <i>(ex: 30 hours/week)</i>			

* All effective dates will be first of the month following the Waiting Period.

Locations (if applicable)

Locations	
Location Name	Location Code, if different from location name