

Group Name:

MassMutual Use Only - Group #:

NAICS:

Enrollment Setup		
Primary Enrollment Contact:	Name:	Address:
	Phone:	E-mail:
Enrollment Method:	<input type="checkbox"/> Electronic Platform Name (Selerix is MassMutual's default platform): If Selerix, please inform your AM of any additional enrollers that will not be listed on the Producer Statement but will need access to the site. <input type="checkbox"/> Paper	
DfcdcgYX Enrollment Dates:	DfcdcgYX 'Gufh8UY.	DfcdcgYX '9bX '8UY.
Enrollment Outreach:	Important Note: The effective date of coverage is typically 30 days from the last day of enrollment (1st of month). The employees have free interim coverage from when they submit their application up to the effective date.	
Rates:	Will a group meeting be held? <input type="checkbox"/> Yes <input type="checkbox"/> No Are employees required to meet with producer/enroller to enroll in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Will a formal communication plan be utilized for the enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No Payroll Frequency(s): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other or varies by class; please explain:	

Initial & Ongoing Administration	
Billing:	# of Deductions/Year: <input type="checkbox"/> One group bill (standard request) <input type="checkbox"/> One group bill broken out by job class or location (census data required) <input type="checkbox"/> Subgroups with separate tax ID's (list of companies, address, tax id and # of employee's required) Billing Address (if different than employer):
New Hires:	<input type="checkbox"/> Yes <input type="checkbox"/> No Eligibility: <input type="checkbox"/> Immediately <input type="checkbox"/> Annual Enrollment <input type="checkbox"/> Waiting Period: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Other, please specify: Enrollment Window: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Electronic <input type="checkbox"/> Paper
Qualified Life Events:	<input type="checkbox"/> Yes <input type="checkbox"/> No Eligibility: <input type="checkbox"/> Immediately <input type="checkbox"/> Annual Enrollment <input type="checkbox"/> Waiting Period: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Other, please specify: Enrollment Window: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Other, please specify:
Policy Delivery	Group Policy: <input type="checkbox"/> Benefits Contact (listed below) <input type="checkbox"/> Enrollment Contact (above) <input type="checkbox"/> Producer (provide Producer mailing address) Individual Certificates: <input type="checkbox"/> Certificate Owner (standard request) <input type="checkbox"/> Benefits Contact (list below) <input type="checkbox"/> Enrollment Contact (above) Mailing Frequency: <input type="checkbox"/> Mail certs as they are issued <input type="checkbox"/> Mail in bulk

Billing Contacts

Name:	E-Mail:	Name:	E-Mail:
Title:	Phone:	Title:	Phone:

Grant access to secure site to retrieve deduction and billing files

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Benefits Contact

Name:	E-Mail:
Title:	Phone:

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