

Client Intake Questionnaire

Please complete all questions below and return to BrokerSales@HealthEquity.com to begin your Implementation with HealthEquity. Once received, our Implementation Team will reach out to schedule a kickoff call and review necessary documents & information needed for account setup.

Company Information			
Company name (as it should appear on the account)		Federal Employer ID	
Street address	City	State	ZIP
Authorized Contact for Signer of Contract - Name and Title	Email	Phone (area code)	
Employee Information			
Number of Active Employees Eligible for Benefits: _____		Number of Active Employees Covered by Benefits: _____	
Number of Current Continuants (if any): _____			

Administration Options								
<p>What date would you like administration to begin?: _____</p> <p>Services always begin on the 1st of the month and we are unable to use a retroactive-date – please select a month in the future. The earliest effective date coincides with your Wellmark 2021 renewal date.</p> <p>Who should be invited to your Implementation Kick-Off call?: Provide Name/Email/Phone for anyone who should be included (Company Contacts, Brokers, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Would you like HealthEquity to administer Annual Enrollment for your continuants/qualified beneficiaries?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please confirm which continuation of coverage you would like?¹ Please note some states allow for continuation of coverage in lieu of COBRA regulations</p> <p>State Continuation: <input type="checkbox"/> Iowa <input type="checkbox"/> South Dakota <input type="checkbox"/> No State Continuation Employer groups with <u>fewer than 20</u> full-time equivalents for 50% of the typical business days in the <i>preceding</i> calendar year.</p> <p>COBRA: <input type="checkbox"/> Yes <input type="checkbox"/> No Employer groups with <u>20 or more</u> full-time equivalents for 50% of the typical business days in the <i>preceding</i> calendar year.</p> <p>The following services are often requested by our clients but are not included with your standard Wellmark Continuation package. If selected, additional fees apply, and will be billed to your Company directly.</p> <p>Would you Like HealthEquity to administer COBRA¹ for your non-Wellmark included Dental and Vision services?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Optional notices available for additional cost:</p> <table> <tr> <td><input type="checkbox"/> HIPAA Special Enrollment Notice</td> <td>\$2.60 per notice (optional service)</td> </tr> <tr> <td><input type="checkbox"/> Woman’s Health and Cancer Rights Notice</td> <td>\$2.25 per notice (optional service)</td> </tr> <tr> <td><input type="checkbox"/> Retroactive COBRA General Rights Notice</td> <td>\$3.00 per notice (optional service)</td> </tr> <tr> <td><input type="checkbox"/> Retroactive HIPAA Special Enrollment Notice</td> <td>\$2.00 per notice (optional service)</td> </tr> </table>	<input type="checkbox"/> HIPAA Special Enrollment Notice	\$2.60 per notice (optional service)	<input type="checkbox"/> Woman’s Health and Cancer Rights Notice	\$2.25 per notice (optional service)	<input type="checkbox"/> Retroactive COBRA General Rights Notice	\$3.00 per notice (optional service)	<input type="checkbox"/> Retroactive HIPAA Special Enrollment Notice	\$2.00 per notice (optional service)
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If you need help with this questionnaire, or have general questions regarding the services being offered, please reach out to BrokerSales@HealthEquity.com. A member of our team will contact you within 2 business days.

¹ Selection of service(s) should be done only after you have consulted with competent benefits counsel and have concluded that one or more of your benefits plans that provide medical care is/are subject to the federal and/or state laws governing the ministerial service(s) indicated herein.