

Express Applications Employer User Guide



MANAGING EMPLOYEES

➔ Once logged in, you will be sent to the **Employee Manager** screen.



The screenshot shows the 'Employees' management interface. At the top, there is a search bar with 'Add Employee' and 'Search' buttons. Below that is a 'Census' section with 'Browse', 'Upload', and 'Export Census' options. The main area displays a table for 'Employer: ABC Company' with columns for 'First Name', 'Last Name', 'User ID', 'Email', 'Status', and 'Select'. The table contains six rows of employee data.

First Name	Last Name	User ID	Email	Status	Select
David	George	DGeor1235	dg...@abc.com	Active	<input type="checkbox"/>
Acacia	Harris	AHarris4445	ah...@abc.com	Active	<input type="checkbox"/>
Jim	Dawson	JDawson9904	jd...@abc.com	Active	<input type="checkbox"/>
Olivia	Myers	OMyers5420	om...@abc.com	Active	<input type="checkbox"/>
Don	Swanson	DSwan4781	ds...@abc.com	Active	<input type="checkbox"/>
John	Davis	ADav8455	ad...@abc.com	Active	<input type="checkbox"/>

➔ To add a new employee, click **Add Employee**.

➔ To edit an employee, click **Edit**.

➔ To view or print an employee's application, click **Print**.

➔ To reset an employee's password, click **Reset**, which is located to the left of the employee's name.

➔ When an employee is added, the system automatically assigns a User ID for the employee, which is immediately visible on the **Employee Manager** screen.



The screenshot shows the 'Add/Edit Employee' form. It includes fields for 'Employer', 'Status', 'First Name', 'Middle Initial', 'Last Name', 'Social Security Number', 'Email', 'Address', 'City', 'State', 'Zip', 'County', 'Home Phone', 'Work Phone & Ext.', 'Mobile', 'Fax', 'Marital Status', 'Date of Birth', and 'Gender'. There are also sections for 'Arizona Cardinals' (Active/Inactive), 'Effective Date', 'Reason For Enrollment', 'COBRA continuation', 'Retirement Date', 'Employee Type', 'Occupation or Duties/Job Title', 'Salary', 'Date of Hire', 'Full Time Employment Date', 'Retire Date', and 'Hours Worked per Week'. Buttons for 'Update' and 'Return' are visible at the top and bottom.

CENSUS UPLOAD

→ Employers can add multiple employees at one time by using the **Census Upload** feature.

The screenshot shows the 'Employees' management interface. At the top right, the word 'Employees' is displayed. Below it, there is a section titled 'Add Employee' with a search bar and 'Search' and 'Clear' buttons. Below that, there is a 'Census:' section with a 'Browse...' button, an 'Upload' button, and a link labeled 'example'.

To ensure the proper information is inserted in the appropriate fields, click **Example** to view an example spreadsheet to be used as a template for the information and format.

→ There are several fields that can be included, but only First Name and Last Name are required. The same spreadsheet can be edited and uploaded again without duplicating any records in the system.

1	Last Name (REQUIRED)	SSN	Address 1	Address 2	City	State	Zp	Job Title	Home Phone	Work Phone	Email	Date of Hire	Eff Date	DOB	GENDER	Salary
2	last0	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
3	last1	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
4	last2	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
5	last3	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
6	last4	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
7	last5	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
8	last6	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
9	last7	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
10	last8	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
11	last9	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
12	last10	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
13	last11	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
14	last12	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	F	\$100,000.00
15	last13	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00
16	last14	ssn	addr1	addr2	city	ID	83815	job title	home phone	work phone	email	1/1/2001	1/1/2001	1/1/2001	M	\$100,000.00

TIP: Do not delete row one, as it is a required field.

→ To add multiple employees, click **Browse** and select the appropriate spreadsheet. Click **Upload** to add the information from the spreadsheet to the **Employee Manager**.

→ To create a spreadsheet of employees already in the system, click **Export Census**.

The screenshot shows the 'Employees' management interface. At the top right, the word 'Employees' is displayed. Below it, there is a search bar with 'Search' and 'Clear' buttons. Below that, there is an 'Upload' button, a link labeled 'example', and a button labeled 'Export Census'.

PRINT EMPLOYEE MATERIALS

EMPLOYEE INSTRUCTION LETTER

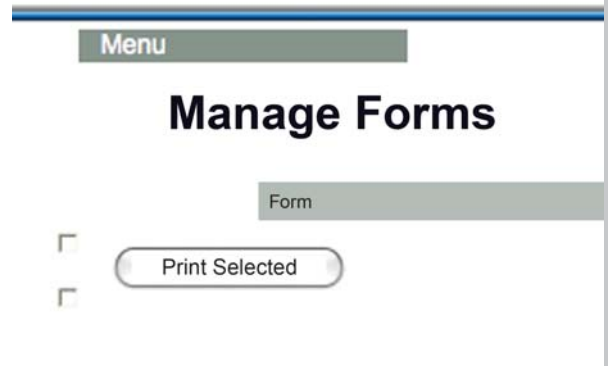
➔ From the Employer screen, click **Manage Forms** to print an instruction letter for employees.

Employers

Email	Broker Contact	Count	Manage Forms
		1	Forms
		1	Forms
		76	Forms

➔ On the **Manage Forms** screen, check the instruction letter under the **Standard Employer** category. Click **Print Selected**, and Express Applications creates a letter for each employee.

The **Select to Email Instructions** screen displays if the employees' email addresses are available in Express Applications. The instruction letter can be emailed to employees after the employer checks the box at the bottom of the screen.



EMPLOYEE LABELS

➔ Employee labels can be printed if you choose to develop a packet for employees with login information. The labels include the employees' User Name and initial password.

➔ On the **Employers** screen, click **View** in the **Labels** column to download a PDF of the labels.

➔ The label template is **Avery 5160**.

Employers

Manage Forms	Application Status	Labels
Forms	0 complete	View
Forms	1 complete	View
Forms	76 complete	View

TIP: If the password is listed as "password", the employee has not logged into Express Applications. If an employee has logged into the system, it will show "confidential" as the password.

EMPLOYEE APPLICATION

➔ After logging in, active employees are sent to the **Application Agreement** screen.

This screen includes liability information and directions.



➔ The **Employee Information** screen inquires about marital status, dependents, date of hire and more.

Enrollment Information

Employer: jp enterprises
Reason for Enrollment: New Hire
Effective Date: 12/31/2006

Employee Information

Social Security Number	Birth Date	Birth State	Gender	Marital Status	Marital Event Date
125554587	10/14/1983	Other	Male	Married	01/01/2000

First Name: john Middle Initial: J Last Name: doe

Address: 123 east harbor rd

City: spokane St: WA Zip: 99207 County: spokane

E-Mail: john@instantbenefits.com

Home Phone: 2536528352 Work Phone & Ext: 4521586521 Mobile Phone: Fax:

Height: 5'6" Weight: 140 Do you have dependent children? Yes

If you speak a language other than English as a primary language, please specify:

Employment Information

Are you an Owner/Officer? Yes Occupation, Job Title, or Duties: system analyst Hire Date: 10/13/2006 Employment Status: Full Time Full-time Employment Date: 10/14/2006

Hours Worked per Week: 40 Salary: 40000 Salary Cycle: Hourly

➔ The **Benefit Selection** screen allows the employee to choose the coverage type for themselves and spouse/dependent (if applicable).

Benefit Selection

Select the coverages you would like to enroll for yourself and dependents.

Previous Continue

I am applying for coverage for: (check all that apply)

Coverage	Myself	My Spouse	My Dependents
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Previous Continue

EMPLOYEE APPLICATION

→ The **Enrollment Status** screen displays only if the employee elects to waive certain coverage offered in the **Benefit Selection** section.

→ The **Additional Information** screen displays if the employee indicates a spouse or dependent(s) in the **Employee Information** section.

→ The **Carrier Application Questions** screen displays only if the carrier requires additional applicant information.

→ The **Health Categories** screen separates the **Health Conditions** into categories, accompanied by extensive descriptions and medical reference links. Each category is answered by the employee as **yes** or **no** selections.

Health Conditions

Have any covered members ever been treated for or diagnosed with any of the following conditions?
Check off all related conditions for each category that you said "yes" to on the prior page. You will then have a chance to fill out some details relating to that condition on the next page.
You must select at least one condition for each displayed category.

[Previous](#) [Continue](#)

Skin Diseases and Disorders

Allergy Eczema
 Other skin disease, disorder or problem Skin Disorder
 Skin Ulcer

Musculoskeletal System

Ankylosing Spondylitis Arthritis
 Back Disorder Bone Disorder
 Bone Infection Carpal Tunnel
 Connective Tissue Disorder Fibromyalgia
 Herniated Disc Joint Disorder

Carrier Specific Health Conditions

Please answer the following carrier specific health questions to the best of your knowledge and provide any required additional details.

[Previous](#) [Continue](#)

No Currently taking prescribed medication(s) for a condition not otherwise listed?
 Yes Do you have any current or previous insurance coverage (health, dental, life, etc) other than what has been provided to you by your current employer?
 Yes Are you or your spouse covered by Medicare?
 No Has any named person incurred medical expenses or claims exceeding \$10,000 in the past 24 months

[Previous](#) [Continue](#)

Name	Condition	Select
john.doe	Currently Disabled	<input type="checkbox"/>
john.doe	Ankylosing Spondylitis	<input type="checkbox"/>
mary.patel	Currently Disabled	<input type="checkbox"/>
mary.patel	Skin Allergy	<input type="checkbox"/>

[Remove](#)

Family Member: Condition: [Go](#)

Details for: john.doe - Skin Allergy

Condition Diagnosis/Treatment Details:

Taking medications associated to this condition?

Ongoing/Chronic Condition:

Last Treated Date: Physician Name:
 First Treated Date: Address:
 Ongoing: City: State: Zip:

Treatments?

Ongoing: Phone:

Symptoms?

Onset Date: Test(s)
 Administered:

Diagnosis Date: Complications/Residual Problems:
 Hospital Date:
 Days in Hospital:

Name	Medication	Select
john.doe	ibuprofen	<input type="checkbox"/>
mary.patel	ibuprofen	<input type="checkbox"/>

[Remove](#)

Family Member: Condition:

Medication:
 Reason:

Still Prescribed: Yes No Date Last Prescribed: Date First Prescribed:

Dosage: Amount Per Day: Refills: [Cancel](#)

[Update Medication](#)

EMPLOYEE APPLICATION



The **Health Conditions** screen displays only if the conditions relate to the **Health Categories** the employee selected.

The employee selects from the conditions displayed and continues to the next section to enter details about the chosen conditions.



The **Carrier Specific Health Conditions** screen displays only if the carrier requires additional health information.

Details from all conditions are entered in the **Health Condition Details** screen.

TIP: Java is required for the electronic copy of the signature. Only fields in yellow are required, but more information can be provided if necessary.



The **Medication Information, Current and Previous Coverage, and Medicare Information** screens display if the employee indicates **yes** to taking any prescription medications, or has current or has had previous coverage (including Medicare).

The **Application Review** screen gives the

Review

Please review your information. If you find an errors or omissions you can return to the appropriate part of the application to correct the information.

Employee Information				
Employee Name	SSN	Date of Birth	Hire Date	Marital Status
John Doe	123456789	10-14-83	10-13-08	Married

Dependent Information			
Dependent Name	SSN	Birth Date	Relation
Maria Patel	123456789	01-01-00	Child
Jack Patel	943789012	04-05-88	Child
James Patel	154587899	01-01-08	Grandchild
Sam Patel	1024-88990	01-01-88	Spouse
Greg Patel	324567890	01-01-05	Stepchild
Julie Patel	123456789	01-01-00	Child

Enrollment Status			
Type of Coverage	Status for Myself	Status for My Spouse	Status for My Dependents
Medical	Enrolled	Enrolled	Enrolled
Dental	Enrolled	Enrolled	Waiting coverage because Cost
Vision	Enrolled	Waiting coverage because Cost	Waiting coverage because Choose to be without insurance

Current or Previous Coverage	
Family Member	Policy Number
John Doe	A1125pp

Medicare Information								
Family Member	Part A	Effective Date	Part B	Effective Date	Part C	Effective Date	Part D	Effective Date
Myself	Yes	1/1/2008			Yes	1/1/2008		

Signature Box

Close

Print Applications

IMPORTANT - PLEASE READ CAREFULLY BEFORE SUBMITTING THE ENROLLMENT FORMS

Step 1: You will need to have Adobe Acrobat Reader 6.0 installed on your computer to use the "Printable Version" of the insurance applications. If you do not have this click on the "Get Acrobat Reader" icon below and follow the directions on how to download this program for free. Once you have downloaded the program, you will open it to install. You will then be able to view and print your application(s). If you do not need Adobe Acrobat, continue to Step 2.

Step 2: Please review the application(s) to make certain that they are completed thoroughly. If an application is incomplete, the processing of your application(s) may be delayed.

Step 3: You may print the application(s) for your records. By clicking on a link below, Adobe Acrobat will open. You can print the application(s) from Adobe by clicking Print menu.

For Employer Use NEW HIRE LATE ENROLLMENT STATUS CHANGE RETIREE EARLY RETIREE COBRA

NAME OF EMPLOYER: **Demo, Inc.** GROUP NUMBER: _____ HIRE DATE: **02/06/2000** EFF. DATE: **01/01/2001**

The following information is for your employers' records. Before submitting your application, please review all information to be sure it is complete. Then fold the application in half so this page is facing out, and staple.

Employee Information					
FIRST NAME	MI	LAST NAME	DATE OF BIRTH	HRS. WORKED PER WK.	HIRE DATE
Sara		Johnson	05/05/1975	33	02/06/2000
HOME ADDRESS - STREET		CITY	STATE	ZIP CODE	COUNTY
321 Some Street		Somecity	JD	83815	Somecounty