

Express Applications Employer User Guide



MANAGING EMPLOYEES

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

First Name	Last Name	User ID	Email	Status	Select
David	George	DGeor1235	dg@abc.com	Active	<input type="checkbox"/>
Amanda	Harris	AHarris4445	ah@abc.com	Active	<input type="checkbox"/>
Jim	Dawson	JDawson9994	jd@abc.com	Active	<input type="checkbox"/>
Steve	Myers	SMyers5420	sm@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.

Add/Edit Employee

Employee: Arizona Cardinals
Status: Active Inactive

* 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:
Gender:

Effective Date:
* Reason For Enrollment:
If Other, please describe:
If COBRA continuation, please enter:
Start Date:
End Date:
If retired, please enter:
Retirement Date:

Employee Type:
Occupation or Duties/Job Title:
Salary:
Date of Hire:
Full-Time Employment Date:
Hire Date:
Hours Worked per Week:

Update | Return

CENSUS UPLOAD

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

Employees

Add Employee

Search: Search Clear

Census: Browse... Upload [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**.

Employees

Search Clear

Upload [example](#) **Export Census**

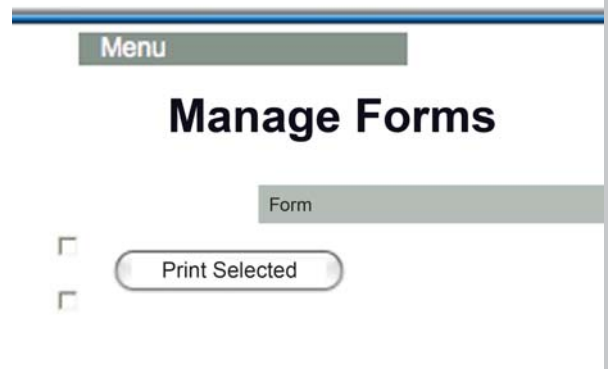
PRINT EMPLOYEE MATERIALS

EMPLOYEE INSTRUCTION LETTER

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

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**.

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.

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

This system allows you to fill out the information insurance companies require from individuals and their dependents who are applying for coverage. It is designed to make it easier for you to collect the necessary information and complete all the required insurance forms. It is not a substitute for your personal review and accurate entry of information. Before starting the application process, please read the following carefully.

1. The application requires detailed information on you and your dependents such as Social Security Numbers, current or previous coverage contact information and policy numbers(s), and coverage dates.
2. The application also requires detailed information on any medical condition and/or medications for you and your dependents. Before you start this application, it would be helpful to collect dates of onset and/or recovery relating to the names, dosage amounts, side effects, and other pertinent information.
3. If for any reason, you cannot locate the appropriate benefit to enter information in the online application, please contact your broker to discuss the best way to address this situation. You also may enter this information in the Adobe Acrobat form at the end of the application.
4. At any time, you may save the application and continue at a later time if needed.
5. At the top and bottom of each page, there are "Previous" and "Continue" navigation buttons you use to go back or forward to each page. Use the navigation icons on the left hand side of the page to print and view the insurance company application.
6. You are required to provide accurate, complete, truthful, and not misleading information.
7. After you have completed the application, your information will be transferred into the insurance companies' forms. It is your responsibility to review each application and confirm that the information is accurate, complete, and truthful. Press the Print button beside each application.
8. After you have fully reviewed each application, you will need to print out and sign the applications. Then, return the applications to your HR administrator in a sealed envelope. You must use Adobe Acrobat Reader 6.0 in order to print here. Adobe 6.0 is installed on your computer. Click on the Get Acrobat Reader button below to go to the Adobe website for the free download of the program.

If you have already completed your questionnaire and simply need to print or reprint your forms please click on the "Print Application" link in the upper left hand corner.

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?	Occupation, Job Title, or Duties	Hire Date	Employment Status	Full-time Employment Date
Yes	System analyst	10/13/2006	Full Time	10/14/2006

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

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)

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

Previous Continue

EMPLOYEE APPLICATION

→ The **Application Review** screen gives the employee a summary of their application.

If changes are necessary click **Edit**, and the employee is directed to revise their information.

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
[Click here to edit](#)

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

Dependent Information
[Click here to add](#)

Dependent Name	SSN	Birth Date	Relation
Mark Patel	123456789	01-01-00	Child
Jack Patel	943789012	04-05-88	Child
James Patel	154567890	01-01-08	Grandchild
Sarah Patel	102456789	01-01-85	Spouse
Greg Patel	324567890	01-01-05	Stepchild
Julie Patel	123456789	01-01-00	Child

Enrollment Status
[Click here to edit](#)

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
[Click here to edit](#)

Family Member	Policy Number
John Doe	A1125pp

Medicare Information
[Click here to edit](#)

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		

→ The **Signature Box** screen allows the employee to electronically sign the application, if needed.

The employee records an electronic copy of their signature by using the computer mouse. Once recorded in the system, the signature displays on any application the employee completes and agrees to electronically sign.

Signature Box

[Close](#)

TIP: Java is required for the electronic copy of the signature.

→ The **Print Applications** screen displays when the employee completes the application process.

Each employee is required to review, print and sign each application as instructed.

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.

→ The **Printable PDF Documents** includes all information provided by the employee during the application process.

Each application includes an **Overflow** screen that provides additional information such as additional dependents, health conditions and more.

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.

I. 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