

**What can we help you with?** This guide provides a listing of available support request topics and sub-topics and outlines situations when each should be used, as well as any additional information our support staff may require so they can provide you with the fastest service.

General Information			
Topic	Sub-Topic	When to Use	Requirements
Update my profile	Update company contact, address, or EIN	Update your company information such as name, address, EIN, email address, etc.	📎 Upload signed documentation from the primary company contact or an officer of the company.
Update my profile	Change to class, division, or sub-division	Add, update, or remove a class, division, or sub-division. ⚠️ <b>Not applicable to payment plans (Continuation Services).</b>	Include a list of impacted individuals if adding or removing a class, division, or sub-division. Include effective date of change, eligibility distinction related to a new class, division or sub-division, and the specific details of the change. 📎 Upload a completed ACH Authorization Form if separate funding accounts are required.
Update my profile	Update my broker of record	Notify us of a change to your broker of record.	📎 Upload a completed Broker of Record Change Form.
Manage Users	Add, remove, or update user	Add, remove, or update a user. →] <b>The primary company contact can make these changes directly in <a href="#">Settings &gt; Manage Users</a>.</b>	📎 Upload signed documentation from the primary company contact or an officer of the company.
Invoices	Request a copy of an invoice	Request a copy of a past invoice. →] <b>Go to <a href="#">Billing &gt; Invoices</a> to view available invoices.</b>	Include the invoice number(s) or date range of invoice(s) as well as the email address for delivery.
Invoices	Pay an invoice	Pay an outstanding invoice. ⚠️ <b>ACH information must be on file.</b>	Include the number of the invoice to be paid.
Invoices	Add or change banking information for invoices	Notify us of a change to your bank account used for paying invoices.	Include which service offering(s) are impacted. 📎 Upload a completed E-Pay Form.
Invoices	Change invoice address	Notify us of a change to the address to which your invoices are sent.	Include updated address for invoices and which service offering(s) are impacted.
Invoices	Change the frequency of my invoices	Request a change to your billing frequency. ⚠️ <b>We may not be able to accommodate all requests.</b>	📎 Upload a written request from an authorized company contact that includes which service offering(s) are impacted and the desired billing frequency.
Invoices	Request invoice payment history	Request a history of all invoices and invoice payments during a specific date range.	Include the service offering(s), the date range for which you are requesting copies, and the email address or contact information for delivery.
Invoices	Adjust or dispute an invoice	Adjust or dispute the participant count on an invoice or to report a duplicate invoice.	Include invoice number(s) and details of what is being disputed.
Update employee profile	Update employee profile	Update personal information (name, address, email address, etc.) for an individual.	Include the Individual ID and specific information to be updated.
Benefit Plans			
Topic	Sub-Topic	When to Use	Requirements
Initial enrollments	Submit enrollment file	Submit an Enrollment File for processing. →] <b>Go to <a href="#">Files &gt; Data Files</a> to submit files directly.</b>	Use enrollment file specifications found in <a href="#">Files &gt; Templates</a> .
Manage employees	Add or update employee	Add an employee or change an election for a participant enrolled in a benefit plan. →] <b>Go to <a href="#">Employees</a> to add new employees or make changes for enrolled participants quickly and easily.</b>	Include the employee's Individual ID. 📎 Upload a completed Enrollment Form.
Manage employees	Make changes or remove one or more employees	Remove an employee or terminate enrollment for an existing participant.	Include the employee's Individual ID, effective date of change and last payroll date.
Funding	Change my bank account for benefit plan funding	Request an update to the bank account used for benefit plan funding. ⚠️ <b>Select <a href="#">General Information &gt; Invoices &gt; Add or change banking information for invoices</a> instead if you use E-Pay for invoice payments.</b>	📎 Upload a completed ACH Authorization Form, bank letter, or written request from authorized client contact.
Funding	Request client cash account balance (CAB) refund	Request all or part of your CAB balance be disbursed. ⚠️ <b>CAB funds will be applied to outstanding invoices and overdue PVRs first.</b>	Include the amount requested and disbursement method (check or ACH).
Benefit Plan Administration	Renew my benefit plan with no changes	Request your benefit plan to be renewed without changes	📎 Upload a completed Renewal Form for the indicated account offering.
Benefit Plan Administration	Renew my benefit plan with changes	Request changes to your benefit plan at renewal.	📎 Upload a completed Renewal Form for the indicated account offering.
Benefit Plan Administration	Add a new benefit plan	Add a new account offering.	Include the type of account offering you would like to add and the desired effective date.

Topic	Sub-Topic	When to Use	Requirements
Benefit Plan Administration	Make changes to an active benefit plan	Request a change to an existing benefit plan configuration.  We may not be able to accommodate all requests.	Include the effective date of the change, the specific benefit plan to be updated and the details for the requested change.
Benefit Plan Administration	Request a Summary Plan Description (SPD)	Request a copy of an SPD for a benefit plan we administer.	Include the name of the benefit plan for which you are requesting an SPD.
Benefit Plan Administration	Request a Non-Discrimination Assessment	Submit information necessary to complete a non-discrimination assessment.  Assessments should be completed prior to the end of the benefit plan year.	 Upload a completed Non-Discrimination Assessment Data Worksheet.
Participant enrollment	Request a participant enrollment form	Request an Enrollment Form.  Go to <i>Employees</i> to add or enroll new employees quickly and easily.	Include the recipient email or mailing address.
Participant enrollment	Change participant elections	Update an existing election for a participant.  Change must satisfy qualifying event eligibility requirements if applicable.	Include the Individual ID, benefit account, new election amount, and effective date of the change, as well as an explanation and reason for the change.
Participant benefit card	Report a participant's lost or stolen benefit card	Report an individual's benefit card as lost or stolen.  Participants can self-serve via the web or mobile app.	Include the Individual ID, cardholder name, and address to which new card should be mailed if a replacement card is required.
Participant benefit card	Request an additional benefit card for a participant	Request an additional benefit card for a participant or an eligible dependent.  Participants can self-serve via the web or mobile app.  Dependent information must be on file if requesting a card for a dependent.	Include the Individual ID, cardholder name, and address to which the card should be mailed.
Participant benefit card	Block/unblock benefit card for a participant	Request to block or unblock a benefit card.  Participants can self-serve via the web or mobile app.  Account must be in good standing to unblock a card.	Include the Individual ID, cardholder name, and last 4 digits of card number, as well as the reason for the request.
Participant benefit card	Request a new benefit card for a participant	Request a new benefit card for a participant or an eligible dependent.  Participants can self-serve via the web or mobile app.  Dependent information must be on file if requesting a card for a dependent.	Include the Individual ID, cardholder name, and address to which the card should be mailed.
Participant benefit card	Research a participant's benefit card transaction	Request additional information related to a benefit card transaction (e.g., reason for decline) for a participant.	Include the Individual ID, benefit account, date of transaction, amount, provider or merchant name, cardholder name, and any other applicable details.
Participant contributions	Change or stop participant payroll deductions	Update existing payroll deduction amount for a participant.  Change must satisfy qualifying event eligibility requirements if applicable.	Include the Individual ID, benefit account, new payroll deduction amount, and effective date of the change, as well as an explanation and reason for the change.
Participant expenditures	Provide participants verification requirements	Submit verification on behalf of a participant for a request that has not been paid or for a paid request requiring verification.	Include the Individual ID and benefit account.  Upload documentation that includes the patient's name, date of service, amount of service, provider or merchant name, and description of service (e.g., an Explanation of Benefits (EOB), detailed billing statement, or invoice; a credit card receipt is not sufficient).
Participant expenditures	Request participants reimbursement transaction history	Request a copy of a participant's reimbursement history for a given period.  Participants can self-serve via the web or mobile app.	Include the Individual ID, benefit account(s), and start and end dates.
Participant expenditures	Request information about a declined transaction for a participant	Request additional information related to a declined manual reimbursement request for a participant.	Include the Individual ID, benefit account, date of transaction, amount, provider or merchant name, and any other applicable details.
Participant expenditures	Create or adjust a recurring claim for a participant	Notify us of a change to a participant's premium reimbursement amount.	Include the Individual ID and benefit account.  Upload a completed Recurring Individual Premium Reimbursement Request Form and premium statement.
I have a question	[ Multiple Options ]	When you have a question that is not specifically covered by one of the available sub-topics.	Include any specific details or information relevant to your question.

Continuation Services			
Topic	Sub-Topic	When to Use	Requirements
Enrollment/Elections	Submit a qualifying event	<p>Notify us of an individual's qualifying event to generate an offer letter and election package.</p> <p>→] <a href="#">Go to Employees &gt; View Employees to add a new event.</a></p>	<p>Include impacted individual and family member names, qualifying event date, qualifying event type, previously enrolled plans, and coverage levels.</p> <p>Include dates of birth for all impacted individuals in age banded plans.</p> <p>Include SSNs for impacted individuals if BASIC will be performing Carrier Notifications.</p> <p>Include premium amount for life plans in MN.</p>
Enrollment/Elections	Submit takeover enrollments - participating COBRA participants	<p>Notify us of a qualifying event for a participant who already elected prior to implementation.</p> <p>→] <a href="#">Go to Files &gt; Data Files to submit files directly.</a></p> <p>⚠ <b>This will not generate an offer letter or election package.</b></p>	<p>Include impacted individual and family member names, qualifying event date, qualifying event type, previously enrolled plans and coverage levels, and the current paid-through date.</p> <p>Include dates of birth for all impacted individuals in age banded plans.</p> <p>Include SSNs for impacted individuals if BASIC will be performing Carrier Notifications.</p> <p>Include premium amount for life plans in MN.</p>
Enrollment/Elections	New election(s) for self or dependent	Submit signed elections on behalf of a participant.	<p>📎 Upload a completed election form signed by the participant.</p>
Enrollment/Elections	Change election(s) for self or dependent	<p>Request a change to the election on file on behalf of a participant.</p> <p>⚠ <b>Coverage cannot be added or increased outside of the initial election period unless under open enrollment or HIPAA special qualifying event rules.</b></p>	Include the participant's name and plan information, as well as the effective date of the change.
Enrollment/Elections	Cancel payment plan election(s) for self or dependent	<p>Notify us that a participant wishes to cancel coverage for continuation services.</p> <p>⚠ <b>Request must be for current or future month.</b></p>	Include the effective date of the change and each plan type to be cancelled for each individual.
Payment plan administration	Renew plans and update rates	Submit rate and renewal information.	<p>📎 Upload a completed Premium Collection Form.</p>
Payment plan administration	Rate changes for existing plans	Notify us of changes or corrections to existing rates.	Include details of the change and the effective date.
Payment plan administration	Open enrollment	Request an open enrollment mailing for participants.	<p>📎 Upload a completed Premium Services EOS Agreement (unless this was previously established) and a completed Open Enrollment Request Form.</p>
Remittances	ACH form for remittance	<p>Request an update to the bank account used for remittance.</p> <p>⚠ <b>Select <a href="#">General Information &gt; Invoices &gt; Add or change banking information for invoices</a> instead if you use E-Pay for invoice payments.</b></p>	<p>📎 Upload a completed ACH Authorization Form, bank letter, or written request from authorized client contact.</p>
Carrier settings	Carriers and carrier contact updates	Notify us of a change to a carrier or a carrier contact.	Include specific details for the carrier or contact to be updated and the effective date of the change.
Carrier settings	Carrier notification resend	Request that we resend a notice to the carrier for eligibility updates.	Include the participant's name and plan information, as well as the type of notice to be resent.
Correspondence	Request payment coupons for a participant	<p>Request payment coupons for a participant.</p> <p>⚠ <b>Payment coupons are not required to be included with a participant's payment.</b></p>	Include the participant's name and plan information.
Correspondence	Request copy of participant correspondence	<p>Request a copy of documentation available in the participant's online account.</p> <p>→] <a href="#">Go to Employees &gt; View Employees and select an employee, then select Letters to view/download correspondence for that participant.</a></p>	Include the specific type of correspondence requested as well as the requested delivery method (email, fax, mail) and the recipient email address, fax number, or mailing address.
Correspondence	Resend employee General Initial Notice	Request a General Initial Notice be resent to an individual.	Include the individual's name and mailing address for delivery.
Correspondence	Resend an Election Package	Request an election package be resent to an individual.	Include the individual's name and mailing address for delivery.
I have a question	[ Multiple Options ]	When you have a question that is not specifically covered by one of the available sub-topics.	Include any specific details or information relevant to your question.

Compliance			
Topic	Sub-Topic	When to Use	Requirements
Documents - 5500	Resend Form 5500 Summary Annual Report	Request a copy of the Summary Annual Report. →] <a href="#">Go to Files &gt; My Documents to view/download available materials.</a>	Include the ERISA year.
Documents - 5500	Request corrections / amendment to 5500	Request an amendment to a previously filed Form 5500 that we prepared.	Include the corrections needed and the filing year.
Reporting - 5500	Submit Late Form 5500 Requested Information	Submit information required to complete a late Form 5500 filing. <b>⚠ Must have purchased late filings.</b>	📎 Upload a completed Schedule A and/or Schedule C.
Reporting - 5500	Submit Form for FSA / HRA 5500 Preparation	Submit information required to file Form 5500 for a Section 125 FSA / Section 105 HRA benefit plan.	📎 Upload a completed FSA & HRA 5500 Request Form.
Reporting - 5500	Submit Form 5500 Requested Information	Submit information required to complete current year's Form 5500 filing.	📎 Upload a completed Schedule A and/or Schedule C.
Dissemination - ACA	Request 1095 Forms be mailed	Request to have Forms 1095 mailed to employees. <b>⚠ Additional fees may apply.</b>	
Documents - ACA	Request corrections 1094 / 1095	Request corrections to the current reporting year Forms 1094 / 1095. <b>⚠ Additional fees may apply.</b>	Include the corrections needed.
Plan Evidencing - ACA	Submit ACA Renewal Form	Submit ACA renewal information.	📎 Upload a completed ACA Request for Information Form.
Determination - FMLA	Leave Changes	Request recertification or notify us of a change to a new leave start date and/or an employee address.	Include the date and/or the employee's address.
Reporting - FMLA	File Submission	Submit eligibility, hours worked, and demographic files.	Use standard file specifications.
Reporting - FMLA	Hour Entry	Submit FMLA hours used by employees.	Include the leave time used by date and hours used per date.
Dissemination - FMLA	Report Subscription Changes	Request to receive scheduled reports or request a change to a scheduled report.	Include the company name and requested changes, e.g., frequency, report field, type of report (active or closed).
Documents - ERISA	Resend ERISA documents	Request a copy of the ERISA Wrap Document / Summary Plan Description (SPD) or ERISA PPACA Notices package. →] <a href="#">Go to Files &gt; My Documents to view/download available materials.</a>	Include whether an ERISA Wrap Document / SPD or ERISA PPACA Notices package is needed. Include the ERISA year if requesting an ERISA Wrap Document / SPD.
Documents - ERISA	Request correction to ERISA Wrap Document	Request corrections to an active (already prepared) ERISA Wrap Document / SPD.	Include the corrections needed.
Documents - ERISA	Submit ERISA Administration Change Form	Submit information required to complete a new ERISA Wrap Document / SPD.	📎 Upload a completed ERISA Administration Change Form.
Documents - HIPAA	Resend HIPAA documents	Request a copy of the HIPAA Compliance package. →] <a href="#">Go to Files &gt; My Documents to view/download available materials.</a>	
Documents - Medicare Part D	Resend Medicare Part D documents	Request a copy of the Medicare Part D Coverage Disclosure Notice package. →] <a href="#">Go to Files &gt; My Documents to view/download available materials.</a>	
Plan Evidencing - PCORI	Submit PCORI Renewing Client Worksheet	Submit information required to complete the current year's PCORI Form 720 Instructions.	📎 Upload a completed PCORI Renewing Client Worksheet.
Documents - PCORI	Resend PCORI documents	Request a copy of the PCORI Form 720 Instructions. →] <a href="#">Go to Files &gt; My Documents to view/download available materials.</a>	
I have a question	[ Multiple Options ]	When you have a question that is not specifically covered by one of the available sub-topics.	Include any specific details or information relevant to your question.