



## New Case Profile Form

Agent/Rep Contact Information			
Name		Phone	
Email		Affiliation	
Case Information			
Group Legal Name	# Eligible Lives	Anticipated Effective Date	Anticipated Enrollment Start Date
First Draft Date (If known)		2nd Draft Date (If known)	
Group Products Situs State		Location States	
Employer Services Requested			
<input type="checkbox"/> Premium Collection & Bill Reconciliation	<input type="checkbox"/> HSA Administration	<input type="checkbox"/> HRA Administration	
	<input type="checkbox"/> FSA Administration		
Premium Collection Methods Needed:			
<input type="checkbox"/> Checking & Savings Drafting	<input type="checkbox"/> Split Payroll Direct Deposit (DDP)		
<input type="checkbox"/> PayDay Card	<input type="checkbox"/> Credit Card/ Debit Card		
Additional Comments & Considerations			
If you answer "yes" to any questions above or know the platform you intend to use; please enter the information here. Please note, if there are more than one pay cycle for a case, two groups should be established with PIOPAC and carrier(s).			

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you intend to utilize a platform?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you know the carrier(s) you intend to use?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you know the products you intend to present?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need help sourcing another carrier product? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of PIOPAC sales agent you are working with \_\_\_\_\_

A team member will contact you to discuss this case within 24 business hours of receipt of this form.  
Please send to: [INQUIRY@PIOPACCO.COM](mailto:INQUIRY@PIOPACCO.COM)