



New Case Profile Form

Agent/Rep Contact Information			
Name		Phone	
Email		Affiliation	
Secondary e-mail			
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	<input type="checkbox"/> COBRA 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			
<p style="text-align: center;">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).</p>			

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|--|------------------------------|-----------------------------|
| 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