



Employer Deduction Draft NEW CASE SET UP 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
Group Products Situs State		Location States	
Employer Services Requested			
<input type="checkbox"/> Premium Collection & Bill Reconciliation			
Additional Comments & Considerations			
Carrier 1	Products		
Carrier 2	Products		
Carrier 3	Products		
Carrier 4	Products		
Carrier 5	Products		
Carrier 6	Products		
Carrier 7	Products		
Carrier 8	Products		
Carrier 9	Products		

How do you plan to enroll? Platform Agent Portal Paper Auths File Upload

Will Deductions be deducted Up Front (prior to eff date) or In Arrears (after eff date)

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



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Change File Delivery to PIOPAC			
Date(s) of File Delivery each month:			
Name of Sender		Phone of Sender	
Email of Sender			
<input type="checkbox"/> I agree to send file as scheduled accurate and true to any personnel/amount adjustments for each period on or before _____ date each month.			
Employer Payment Information			
Employer contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Define:	\$	Are contributions defined by class? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who is paying fee? <input type="checkbox"/> Employer <input type="checkbox"/> Employee	Employer \$		(If Yes, Define in box below) (classes must be defined in roster)
	Employee \$		
# of pay cycles per year		Are there other pay cycles? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(please describe and define in box at bottom)</small>	
1 st Draft		2 nd Draft	
Group Products Situs State		Location States	
Employer Account Information			
Name of Bank:			
Address of Bank:			
Name on Business Checking Account	Routing Number	Account Number	
Additional Comments & Considerations			
<p align="center">Please enter any needed ancillary 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>			

Name of PIOPAC sales agent you are working with _____

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