



Great News

You can now write a List Bill and an Employer Bankdraft Through the eApplication.

On page two is an example what the revised eApp screen will look like.

Procedure for writing List Bills through the eApp.

1. The first requirement for an agent to use the eApp for an employer sponsored list bill is that prior to starting the enrollment they **must send** in the Employers Acceptance of List Bill Form 7809. In presenting an Employer Bankdraft Program both the Employer Bankdraft Acceptance Form 7810 and the Employer Bank Draft Authorization Form 7812. must be sent in prior to starting the enrollment. Once we receive the completed forms (that adheres to list bill rules) the HO will email or fax the agent a List Bill Number.
2. We have added Mode with a drop down box to the first screen. The default will show as Monthly Bankdraft. Once you select either Monthly List Bill or Monthly Employer Bankdraft a box will pop up asking for the Billing Number. The List Bill Number **will need** to be entered into the eApp before you can proceed with the application process.
3. Under Plan Selection another group of boxes will appear under the heading GI and adjacent to each plan selection. If you received prior HO approval for a Contingent Issue program you will need to check which product the approval is for. This will determine which questions will be asked during the application process. If you check a box under GI and you **have not** received prior HO approval – all applications will be rejected in underwriting.
4. For your convenience we have also included all the List Bill Forms on the eApp under “Forms” tab.
5. We have replaced the bankdraft screen when Payroll Deduction is selected with a Payroll Deduction Authorization.
6. A Create PDF has been added so you can create a PDF of the Payroll Deduction Authorization so you can provide a copy to the Employer. I would suggest that at the end of the enrollment you bundle the Authorizations in alphabetical order and provide it to the employer along with a copy of the List Bill Transmittal.
7. If Employer Paid is selected on this page, no Payroll Deduction Authorization will appear. You will need to still give the Employer a copy of the List Bill Transmittal.
8. Now that you have completed the enrollment you will need to get a check from the Employer for \$30.00 per employee (Only if the Payroll Deduction included HSP) up to a maximum of \$150.00 per payroll group. Send this in with the List Bill Transmittal Form DOC-7813 for standard issue new business and DOC-8213 for Contingent Issued Business
9. This does not apply to the Employer Bankdraft Program – we will deduct \$30.00 per HSP Application submitted automatically through the employers bank account.
10. IMPORTANT TO REMEMBER.
 - A. On payroll deduction business you must set the effective date 6 weeks after you complete the enrollment to allow the payroll clerk enough time to enter the deduction into their payroll system as well as time to deduct the premium amount from at least 2 pay periods.
 - B. Age is based on the effective date of coverage so make sure you have the correct age quoted otherwise the premium will be incorrect and will cause an amendment and a delay in the group.
 - C. We only do MONTHLY Bills (24 pay periods—2 pay periods a month) we do not do 13thly (26 pay periods—paid every 2 weeks). We send a bill to the employer 10 days prior to the effective date.
 - D. All additions to a group must be on the same day of the month as the current employers list bill. We do not allow for multiple billing dates in the same month.
 - D. To email the forms to the HO use healthunderwriting@neweralife.com or if you prefer to fax in your forms please fax forms to 281-368-7144.

Philadelphia American Life Insurance Company E-App

Basic Info

Agent ID: 60000DEMO Zip Code: [] Requested Effective Date: 9/21/2012

Mode: **Monthly Bankdraft** (Default Monthly Bankdraft) Pop up when List Bill or Employer BD is selected

Billing Number: GBN012667

First Name: [] Gender: [] Date of Birth: MM/DD/YYYY [] Age: 0 Rate Type: **Tobacco** (Non-Tobacco) Feet: [] Inches: [] Weight (lbs): []

Spouse: [] Date of Birth: MM/DD/YYYY [] Age: 0 Rate Type: [] (Tobacco/Non-Tobacco) Feet: [] Inches: [] Weight (lbs): []

Number of dependent children to be covered ages: 0 - 25: 0

PLAN SELECTION

- Health Saver Plus II
- Family Term Life
- Critical Illness Policy
- Enhanced Accident

GI (Pop up when List Bill or Employer BD is selected)

Pop up when Policy has a checkmark selected under GI

PALIC HSPII E-App

I attest that I have received HO approval for Guarantee Issue of the product(s) selected.

Yes No

Notes

New Forms Save Next>>

- List Bill Forms and Employer Bankdraft form added to the PDFs
- Agents must submit List Bill Forms prior to enrollment of group to receive List Bill Group Number

Philadelphia American Life Insurance Company HSPII E-App

Primary & Spouse

The benefits applied for will be paid by: Payroll Deduction Employer If Employer Paid. Authorization does not appear

Dependents

Address

Questions

Doctor Addresses

Agreement

Other Forms

Review

PAYROLL DEDUCTION AUTHORIZATION

I hereby request and Authorize my employer to deduct from my salary for benefits offered by Philadelphia American Life Insurance Company.

This authorization shall remain in effect until termination of my employment or written notice by me of the cancellation of this authorization.

SIGNATURE OF EMPLOYEE: [X] BILLING NUMBER: GLB123456 MONTH: 2 DAY: 8 YEAR: 2013

This screen will replace bankdraft screen when Payroll Deduction is selected. Make sure you create a PDF for each employee enrolled and provide it to the employer.

Create PDF and give copies to the Employer for records.

Create PDF