



NCRMA Member Company Onboarding Form

* Required

Company/Contact Information Section 1 of 5

1. Member Company Legal Name *

2. Member Company DBA (if applicable)

3. Benefit Plan Effective Date *

4. Member Company EIN *

5. Mailing Address *

6. Benefits Contact Name (Benefits Related Communications) *

7. Benefits Contact Email *

8. Benefits Contact Phone Number *

9. Billing Contact Name (Benefits Billing Communications) *

10. Billing Contact Email *

11. Billing Contact Phone number *

Benefit Plan Details

Section 2 of 5

12. Benefit Classes (Select One) *

- ☐ One Class - All benefits offered to all employees
- ☐ Two Classes - Offering different benefits to subset of employees (please describe below)

13. Two Benefit Classes (Description of benefit classes)

14. Waiting Period *

- ☐ Date of Hire
- ☐ First of the month following date of hire
- ☐ First of the month following 30 days (standard)
- ☐ First of the month following 60 days

Medical Plan

Section 3 of 5

15. Class 1 - Which Medical plan(s) will you be offering your employees? *

- ☐ All Copay High
- ☐ Blue Options High
- ☐ Blue Options 1-2-3 \$2K
- ☐ Blue Options Low
- ☐ All Copay Low
- ☐ H.S.A Plan High
- ☐ Blue Options 1-2-3 \$3.5K
- ☐ Blue Options 1-2-3 \$5K
- ☐ H.S.A Plan Low
- ☐ We will not be offering a NCRMA Medical Plan
- ☐ Not Applicable

16. Class 2 - Which Medical plan(s) will you be offering your employees? *

- ☐ All Copay High
- ☐ Blue Options High
- ☐ Blue Options 1-2-3 \$2K
- ☐ Blue Options Low
- ☐ All Copay Low
- ☐ H.S.A Plan High
- ☐ Blue Options 1-2-3 \$3.5K
- ☐ Blue Options 1-2-3 \$5K
- ☐ H.S.A Plan Low
- ☐ We will not be offering a NCRMA Medical Plan
- ☐ Not applicable

17. How much will you be contributing to your employee's medical plan? (None, % or \$ amount, please outline per class) *

18. How much will you be contributing for other medical coverage towards spouse, child(ren), or family tiers? (None, % or \$ amount, please outline per class) *

Dental Plan

Section 4 of 5

19. Class 1 - Which Dental plan(s) will you be offering your employees? *

- ☐ High Plan
- ☐ Low Plan
- ☐ We will not be offering a NCRMA Dental Plan
- ☐ Not Applicable

20. Class 2 - Which Dental plan(s) will you be offering your employees? *

- ☐ High Plan
- ☐ Low Plan
- ☐ We will not be offering a NCRMA Dental Plan
- ☐ Not applicable

21. How much will you be contributing to your employee's dental plan? (None, % or \$ amount, please outline per class)

22. How much will you be contributing for other dental coverage towards spouse, child(ren), or family tiers? (None, % or \$ amount, please outline per class)

Vision Plan

Section 5 of 5

23. Will you be offering a Vision Plan to your employees? *

- ☐ Yes
- ☐ No, we will not be offering the NCRMA Vision Plan

24. How much will you be contributing to your employee's vision plan? (None, % or \$ amount, please outline per class)

25. How much will you be contributing for other vision coverage towards spouse, child(ren), or family tiers? (None, % or \$ amount, please outline per class)

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