



# MERP Set Up Form

Group Name: \_\_\_\_\_

Plan Effective Date: \_\_\_\_\_ Plan Year: \_\_\_\_\_

If a change to an existing MERP plan administered by ASI, check below and complete benefit summary on second page, sign on third page and return to ASI.

Change to current plan  Effective date of change in benefits: \_\_\_\_\_

If new MERP plan for ASI, complete all information requested on application.

## Eligibility

First of the month following the completion of \_\_\_ months of continuous employment at \_\_\_ hours per week.

Dependent Coverage: Children to age \_\_\_\_\_ Students to age \_\_\_\_\_

Banking Options: Please check option that you want for the administration.

\_\_\_\_\_ A voided check must be sent to ASI before any claims can be paid. All checks will be prepared on the employer's checks, produced by ASI. These checks will be sent to the employer to sign and forward to the provider of services being provided. Please attach a voided check and indicate the starting check number. Check starting # \_\_\_\_\_

\_\_\_\_\_ ASI opens a separate account for the benefit of the client's name. ASI prepares the checks then notifies the client of the check run and amount. Client may pre-fund account or fund each check run as provided by ASI. ASI signs and forwards checks to the provider of service or employee. There is an administration fee from the bank of \$25.00 per month. This fee is currently being waived by the bank we utilize. If the bank should require a monthly fee in the future, ASI will pass this cost to the client.

HRA/MERP Benefit Summary

Medical -

Medical Plan Carrier: \_\_\_\_\_

Benefit Plan Year: \_\_\_\_\_ Group Renewal Date: \_\_\_\_\_

Deductible: Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

Office visit co-pay: \$ \_\_\_\_\_ Subject to deductible:  Yes  No

Prescription Benefit: \_\_\_\_\_ Reimbursement only  
\_\_\_\_\_ Co-pay \$ \_\_\_\_\_ Generic \$ \_\_\_\_\_ Brand  
\_\_\_\_\_ Co-insurance % \_\_\_\_\_ Generic % \_\_\_\_\_ Brand

Prescription Plan Deductible:  Yes  No Individual: \$ \_\_\_\_\_ Family: \$ \_\_\_\_\_

*Please include current Schedule of Benefits or Plan Document if existing plan.*

*If a new plan, ASI to prepare the plan document and summary plan description: \_\_\_\_\_ Yes \_\_\_\_\_ No*

If tied to a medical plan, will plan provide reimbursement after satisfaction of carrier deductible?  Yes  No

Dental -

Dental Rates: EE \_\_\_\_\_ EE/CH \_\_\_\_\_ EE/SP \_\_\_\_\_ EE/FAM \_\_\_\_\_

Benefit Plan Year: \_\_\_\_\_ Group Renewal Date: \_\_\_\_\_

Deductible: Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

Deductible waived for Diagnostic & Preventive:  Yes  No Annual Maximum Benefit \_\_\_\_\_

In Network: Diagnostic & Preventive \_\_\_\_\_ % Basic \_\_\_\_\_ % Major \_\_\_\_\_ % Prosthodontic \_\_\_\_\_ %

Out of Network: Diagnostic & Preventive \_\_\_\_\_ % Basic \_\_\_\_\_ % Major \_\_\_\_\_ % Prosthodontic \_\_\_\_\_ %

Orthodontia Benefits \_\_\_\_\_ % Annual Maximum \_\_\_\_\_ Lifetime Maximum \_\_\_\_\_

Children Only  Adults & Children

**Vision -**

Vision Rates: EE \_\_\_\_\_ EE/CH \_\_\_\_\_ EE/SP \_\_\_\_\_ EE/FAM \_\_\_\_\_

Benefit Plan Year \_\_\_\_\_ Group Renewal Date \_\_\_\_\_

Exam Co-pay: _____	Exam Frequency: _____
Materials Co-pay: _____	
Frame Allowance: _____	Frame Frequency: _____
Lens Allowance: _____	Lens Frequency: _____
Contact Allowance: _____	Contact Frequency: _____

**Administration Fee:**

MERP Plan Start-Up Charge:  \$ 250.00 (Under 10 employees)  
 \$ 500.00 (Over 10 employees)  
MERP Broker Fee  \$ \_\_\_\_\_  
Administration Charge Per Employee (monthly)  \$17.50

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Dental and or Vision Plan Start up Charge:  \$ 500.00  
Dental Broker Fee  \$ \_\_\_\_\_  
Dental Only Administration Charge Per Employee (monthly)  \$5.00  
Dental and Vision Administration Charge Per Employee (monthly)  \$6.00  
Dental Network-PESC Administrators  .50 per ee/per month  
Utilization Review  .50 per ee/per month

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Vision Only Administration Charge Per Employee (monthly)  \$3.00  
Vision Only Broker Fee  \$ \_\_\_\_\_

Client Check List: (new groups only)

- ASI Group Application
- MERP Set Up Form
- Signed Employee Authorizations
- Plan Document, Schedule of Benefits or complete benefit design on page 2

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Once ASI receives all the information on the set up of the group, we will send a welcome kit out to the group contact. This will include forms to utilize during the year, administrative agreement, department contact list and the plan document if ASI prepares it.

If this is a change to a current benefit plan administered by ASI, ASI will confirm completion of the change in benefits as indicated in the benefit summary sheet.

**ASI Use Only:**

Date Received: _____	By: _____ (Client Services)
Eligibility Load: _____	By: _____ (Claims/Debit Department)
ID Cards Sent: _____	By: _____ (Claims/Debit Department)
Management Review: _____	By: _____