



Dental/Vision - Implementation Check List

Please complete the following forms and return to clientservices@asibenefits.com or fax to 559.475.5787:

- ASi Universal Employer Application
- Set-up Forms
- ASi Employee Enrollment Forms or Enrollment Excel File

Notes:



Self-Funded Dental /Vision Reimbursement Plan Set-Up Form

Group Name: _____ Total Eligible Employed: _____

ASI Effective Date: _____

Dental Vision

Enrollment: If offering both dental and vision plans with ASi, select one option below

- Enrollments are automatically for both the dental and vision plan (combined)
- Enrollments are not automatic, employee can select one or both plans

Take Over Groups -

If moving to ASi from another TPA, would you like a claims run-in? Yes No

Run-in Effective Date: _____

If yes, please provide ASi with a claim's history report from the previous TPA, once they end claims processing.

Name of current TPA: _____ Phone Number: _____

Suggested reports to request from prior TPA: Claims detail by member and accumulator report by member

Plan Document Information –

1. Is ASi to prepare a plan document? Yes No
If no, please provide a copy of your current plan document.

2. Renewal Date: _____ Benefits based on: Calendar Year Plan Year

Plan timely filing – all plans are set up with a 1-year timely filing from the date of service. This means claims may be submitted for the prior plan year up to 1 year from the date of service.

General Information -

Final benefit summaries will be provided by the ASi Sales department to the broker/group once finalized.

Any plan changes during the year may incur an additional fee for these changes. Please contact our sales department to discuss plan changes off your annual renewal date.

Dental Network – First Dental Network

Usual and Customary Fee (UCR) – 100th 90th 80th 70th

Special Instructions for claims processing -

- Check this box to opt out of dental utilization review.
- Check this box to have out of network claims paid as billed. Will not be reduced to UCR fee schedule.

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 account, 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. 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, then 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 the cost to the client. **Check in the amount of \$ _____ is attached.**

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.

I agree that the attached schedule of benefits drafted for our plan and the fees listed in this set-up form are correct and accurate.

Signature: _____

Title: _____

Print Name: _____

Date: _____

ASi Internal Use Only

Implementation Fees: _____ Per Participant/Per Month: _____ Broker Commission: _____ Annual Fee: _____ Other: _____
