

Electronic Enrollment for New Groups or Renewals

As a service to our clients, we use an electronic eligibility process that expedites both new group set-up and renewals. We can also receive your monthly new elections and terminations in the same file format. This simple, time-saving process is easy to learn; just follow these steps:



Benefits for You

Faster set-up.

Experience a quicker turnaround on the completion of your group set up.

Save money. The cost of copying and mailing forms is eliminated.

Improved accuracy.

Since employee information is typically pulled from your existing databases, the potential for data entry errors is greatly reduced.

Questions?

If you have any questions or would like further information, you are welcome to contact our Enrollment Department by phone at (541) 485-7488 or toll-free at (800) 422-7038, or by e-mail at enrollment@manleyserv.com.

1. Prepare Your File

We accept data files in Excel format, with a separate column for each information category. Please use the following column headings (see sample file format on reverse).

Required Information

- Last name.
- First name.
- Middle initial.
- Social Security number.
- Mailing address.
- City.
- State.
- ZIP code.
- Eligibility date.
- Election type (e.g., Unreimbursed Medical, Dependent Care, Other Health Premiums, Transit, Parking, Health Reimbursement Arrangement, Employer Funding). Please use one row per election type; if an employee has multiple election types, use multiple rows.

- Per pay period election amount.
- Payroll mode (Monthly, Semi-Monthly, Bi-Weekly 24, Bi-Weekly 26, Weekly).
- Annual election amount.
- Debit card election, if applicable.

Optional Information

- Phone, e-mail, and department or location indicators (for reporting purposes).
- Other unique situations, such as a short funding period.
- If you need to set up reporting to pull information by department, division, etc., we will need an indicator for each participant.

2. Protect Your File

Because these documents contain protected health information (PHI), we request that you password protect your files before sending them to us. Here's how:

- With your Excel file open, under the File menu, choose Save As.
- In the dialog box that opens, click on the Tools button and select General Options.
- Another dialog box will open allowing you to enter a password in the "Password to Open" field. (You do not need to enter a password to modify.)
- Re-enter the password to confirm.

3. E-mail Your File

For security purposes, please send your file and password to us in *separate* e-mails, with the following names in the subject line. This format will help us locate your information quickly and will avoid any firewall issues.

- The first e-mail should contain your Excel file. Subject line: (Your Group Name) #1
- The second e-mail should contain your password. Subject line: (Your Group Name) #2

E-mail your files to: enrollment@manleyserv.com



Electronic Enrollment File Sample

Information in blue columns is optional.

SSN	Last	First	MI	Address	City	State	Zip	Phone	E-Mail	Elig Date	Elect Type	Elect Amt	Ann Amt	Pay Mode	Debit Card	Dept
5555555555	SMITH	JOHN	I	1234 TEST STREET	PORTLAND	OR	97222	5035555555	smith@test.com	1/1/2005	Un Med	50.00	600.00	M	X	1
5555555555	SMITH	JOHN	I	1234 TEST STREET	PORTLAND	OR	97222	5035555555	smith@test.com	1/1/2005	Dep Care	25.00	300.00	M	X	1
1111111111	JONES	KAREN	A	456 SAMPLE PLACE	EUGENE	OR	97401	5411111111	Jones@test.com	2/1/2005	Un Med	25.00	600.00	Semi		5
1111111111	JONES	KAREN	A	456 SAMPLE PLACE	EUGENE	OR	97401	5411111111	Jones@test.com	2/1/2005	Trans	10.00	240.00	Semi		5

↑ Hyphens are optional

↑ If you list phone numbers, please include area code. Hyphens are optional.

↑ Five-character limit.

Questions?

If you have any questions about preparing your file, you are welcome to contact us by phone at (541) 485-7488 or toll-free at (800) 422-7038, or by e-mail at enrollment@manleyserv.com.