



New Group Application

Client Information

Client Name:

Client DBA (if applicable):

Client Address:

City:

State:

Zip:

Federal Tax ID:

Employer Organization State:

Employer Organizational Type: _____

(Corporation, Limited Liability Company, Partnership, S Corporation, Sole Proprietorship, Non-Profit Organization, Estate, Professional Corporation, Governmental Entity or Church)

Client Contact Information

The “**Signatory Contact**” should be the individual authorized to sign/execute the legal plan documents at the organization. All individual(s) listed below will be provided with Employer Administrative Access, and any other OCA issued communications.

Primary Contact:

Title:

Primary Email:

Primary Phone:

Signatory Contact:

Title:

Signatory Email:

Signatory Phone:

Broker Contact Information

Primary Broker Contact:

Primary Broker Email:

Additional Broker Contact:

Additional Broker Email:

Broker Firm:

General Agency:

Invoicing Set-up

Invoice Remittance Information –Responsible for Paying OCAs Administrative Fees

Who is responsible for paying OCA’s administrative fees? ☐ Employer ☐ Other: _____

Invoice Contact Name:

Invoice Contact Email:

Phone:

Method of Payment Options:

☐ ACH Draft ☐ Credit Card ☐ Check

Do invoices need to be issued by division?

☐ Yes ☐ No (If yes, please provide divisional name(s) below. This form should be repeated for each division if separate banking is required)

Divisional Names: _____

Bank Account Information – Required for ACH Draft

Bank Name:

Routing Number (9 Digits):

Account Number (Include leading 0’s):

Invoicing Details & Bank Filter Information

OCA’s invoicing process is scheduled for the 1st week of every month, with generated invoices reflecting services provided in the previous month; for instance, June’s invoice will pertain to services rendered in May. Furthermore, if ACH is chosen for the admin fee payment, OCA will automatically withdraw the monthly administrative fee on or around the 15th of each month. Additionally, your bank should be provided with OCA’s banking filters and placed on the “approved” list. This is particularly important when employers offer employees the ability to be reimbursed via direct deposit and/or employees are issued OCA’s debit card.

We recommend you notify your bank with the following bank filters:

OCA Admin Fees/ACH Pull

- ACH Vendor: TransFirst Sponsor Bank (aka TransCentral)
- Merchant ID: 1752598308

Direct Deposit/Debit Card Reimbursements (if applicable)

- Submitting Bank: HARRIS BANK F/K/A M&I
- COMPANY ID (Daily POS Settlements): 1383261866
- COMPANY ID (ACH RESUBMITS): W383261866
- COMPANY ID (MANUALS): 3W38326186
- BANK COMPANY NAME: Med-I-Bank or MBI
- ROUTING NUMBER: 075000051

HSA Clients Only (if applicable for payroll contributions)

- Company ID (HSA Items): I900808825
- Submitting Bank (HSA Services): HSAWCSPCUSTODIAN
- Company ID (Payroll Funding): 071000288
- Routing Number: 075072157

Retiree Billing Set Up Information

Retiree Billing Effective Date: ____/____/____
MM/DD/YYYY

Is this a takeover from another vendor? ☐ Yes ☐ No

Retiree Billing Existing Participants

Retiree Admin Fee Paid by: ☐ Employer ☐ Retiree Participant ☐ Other: _____

Retiree Billing Election Period, Initial Payment Period, and Grace Period Information

Election Period:

The number of days a Retiree has for electing coverage for a Qualifying Event will be _____.

If left blank OCA will default to a 60-day election window.

Initial Payment:

The number of days a Retiree has for paying the first premium after electing coverage will be _____.

If left blank OCA will default to 45 days after electing coverage.

Grace Period:

The number of days a Retiree has for paying premiums after the Initial Payment Period will be _____.

If left blank OCA will default to a 30-day grace period each month.

Retiree Billing Existing Participants

Are there currently **ACTIVE RETIREE** participants? ☐ Yes ☐ No

Are there currently **QUALIFIED BENEFICIERS** within their Retiree election period? ☐ Yes ☐ No

Eligibility Contacts

The eligibility contact(s) are those who need to receive emails regarding enrollment changes for Retiree participants. By default, OCA will assign the primary contact and broker contact listed on the application. If you wish to add additional contacts, please provide them below.

☐ Primary Employer Contact ☐ Primary Broker Contact

Additional Contact Type:

Contact Name:

Email:

Additional Contact Type:

Contact Name:

Email:

Retiree Billing – Benefit Type

☐ Medical
 ☐ Dental
 ☐ Vision
 ☐ RX
 ☐ HRA
 ☐ FSA
 ☐ EAP

Retiree Billing – Carrier Information

Carrier Name:

Plan Name:

Group ID:

Carrier Rate **Start** Date: ____/____/____
MM/DD/YYYY

Carrier Rate **End** Date: ____/____/____
MM/DD/YYYY

Loss of Coverage Determination

When a qualifying event occurs, what is the loss of coverage determination?

- ☐ Last day of the month in which coverage is lost
☐ Date of Qualifying Event
☐ Other: _____

Maximum Coverage Period

A Retiree participant can continue “Retiree coverage” for how long?

- ☐ Never Expires
☐ After _____ Months of coverage
☐ Other: _____

Premium/Rate Type

☐ Composite Rating
 ☐ Age Banded Rate Structure
 ☐ Individual Rated

Composite Rating Table – Only Complete if Composite Rating is selected

Coverage Tier	Monthly Premium



COBRA/Direct Bill Implementation

Projected Timeframe: 7-10 Business Days

1. **Application Submitted:** After reviewing this application along with the required employee and participant census, your OCA Sales Executive will submit your application to OCA's implementation team. *Implementation will not begin without an employee and participant census.*
2. **Implementation Begins:** Within 2-3 business days after submission, you'll receive an introductory email from OCA's implementation team. OCA's implementation team will verify all application requests, plans/rates, employee census, and if applicable, participant takeover information. *Any missing or invalid information may cause a delay in implementation.*
3. **Service Agreements Executed:** Once the implementation team has verified your account parameters, the OCA Service Agreement and Business Associate Agreement will be emailed to the "Signatory Contact" identified on this application. *Follow up questions or delays in returning the signed service agreement may cause delays in implementation.*
4. **Plans Built/Portal Customization:** Typically, within 3-4 business days after submission, OCA's implementation team will begin working on building out your plans and rates within OCA's COBRA portal. During this time, all active employees and COBRA participants will be loaded into the system. If applicable, COBRA takeover letters will be mailed to participants.
5. **Portal Access/Client Completion:** Once the signed Service Agreements have been signed, OCA's implementation team will provide employer users with access to the employer portal, trainings will be offered, and you'll transitioned over to OCA's Client Experience team.
6. **Go Live/Post Implementation:** Over the first few weeks, OCA's Client Experience Team will provide routine check-ins and provide helpful guides and checklists to ensure your company is fully up to date and remains in compliance! To learn more about the employer checklists, please visit <https://oca125.com/cobratools/>.