Enrollment and changes in coverage

Life and disability plans do not have annual Open Enrollment periods.

We offer multiple options for our Employer Groups to enroll their employees in coverage or make benefit changes. Enrollment changes must be made using one of these options. Enrollment changes cannot be made on the billing invoice.

Compassi Employer Self Service portal

Compassi allows employers to enroll, terminate or add benefits.

With Compassi Employer Self Service, you can manage benefits and day- to-day benefit administration tasks in real time. This easy-to-use online tool can help you better manage the life and disability plans of your company's employees. Please note: You may need to submit an Evidence of Insurability/ Insurance Information Request form for new employees **whose benefit is above the guaranteed issue limit for your benefit plan and or for employees applying for coverage after** their initial eligibility period (late entrant). Employees' benefit amount above the guaranteed issue limit will not be effective until approved by Underwriting.

To register for Compassi Employer Self Service, contact:

- Phone: 1-866-792-0065
- Email: AL-AdminPortalSupp@standard.com

Electronic Enrollment via EDI (Electronic Data Interchange) File

Electronic enrollment allows employers to enroll, terminate, and add benefits as well as maintain membership information such as employee salary and demographics.

By implementing an EDI file from your benefit administration system with us, you can transmit enrollments, terminations, and changes in bulk on a weekly basis on a weekday of your choice.

For more information, email: AL-ElectronicEnrollment@standard.com.

Census

Provide an Excel census of Employee demographics and enrollment elections. We can provide an Excel spreadsheet for you to fill out or you can submit your own file with the following information:

- Group Number
- Group Name
- Group Address
- Group Phone Number
- Group Fax Number
- Effective Date
- Email Address
- Group Contact Name.

Include the following information for each employee, as required for your benefit plan:

- Employee Last Name
- Employee First Name
- Middle Initial Or Name
- Sex
- Date of Birth MM/DD/YYYY
- Employee Address
- City
- State
- Zip Code (5 digits only)
- Municipal/County for Tax (Only Required for Georgia & Kentucky)
- Phone #
- Social Security Number
- Class Number
- Sub Group or Division / Bill Group Number

(Required if Multiple Bills are needed)

- Number of Hours Worked
- Hours Mode - Use Hours Frequency
- Full time Hire Date MM/DD/YYYY
- Occupation
- Salary Frequency
- Salary Amount
- Employee Smoker? (Required if premium rates are smoker/non-smoker based)
- Basic Life
- Basic Accidental Death & Dismemberment (AD&D)
- Employee Supplemental/Voluntary Life Elected Amount
- Prior Carrier Employee Supplemental/Voluntary Life Amount
  Employee Supplemental/Voluntary Accidental Death& Dismemberment Amount (AD&D)
- Spouse Supplemental/Voluntary Life Elected Amount
- Prior Carrier Spouse Supplemental/Voluntary Life Amount
- Spouse Supplemental/Voluntary Accidental Death & Dismemberment (AD&D) Elected Amount
- Dependent Child Supplemental/Voluntary Life Elected Amount
- Prior Carrier Child Supplemental/Voluntary Life Amount
- Dependent Child Supplemental/Voluntary Accidental Death & Dismemberment (AD&D) Elected Amount
- Short Term Disability Benefit
- Voluntary Short Term Disability Benefit
- Prior Carrier Voluntary Short Term Disability
- Long Term Disability Benefit
- Voluntary Long Term Disability Benefit
- Prior Carrier Voluntary Long Term Disability
- New York Mandated Disability & Paid Family Leave NYDBL / NYPFL Standard

Paper enrollment/application or change form

Allows employees to make their elections on the enrollment application/change form. Be sure to keep a copy for your records. Employee applications/change forms and other important forms are availableonline in the Forms Library at www.anthemlife.com. Please ensure that employees completely fill out all required fields to avoid delays.