

# EMPLOYER IMPLEMENTATION

## 1. Complete the Employer Implementation Data Collection form and send to [implementation@accresa.com](mailto:implementation@accresa.com)

Section 1 : Company information

Section 2: General Plan Information

Section 3:

- Eligibility Template – the employer admin will upload this directly in Accresa, do not send via email but have populated by the time of the implementation call. This template only includes primary employee eligibility information. Dependent information is added at a later stage.
- ACH form - send via email to [implementation@accresa.com](mailto:implementation@accresa.com)

## 2. An Accresa representative will reach out to the employer to

- Gather additional information as needed to setup the account
- Setup a 1hr implementation conference call

1 hr Google Hangout to setup and go over your account's web portal and start enrollment. Through your portal you will be able to manage account information, access payment reports and update eligibility.

The easiest way to manage eligibility is to upload it directly to the website. During the conference call we will walk you through uploading the eligibility roster. The system starts enrollment automatically once the file is uploaded. (TIP: please use Google Chrome browser if possible. FireFox and Edge have good performance as well.)

Eligibility Template and guide are in section 3 of the Data Collection form.

## 3. Participant Enrollment

Once the eligibility information for primary employees is added to the website, each participant needs to claim their account, create a password, and when applicable, add the name, last name and DOB of their dependents based on the coverage information provided. Please find here the participant setup guide ([LINK via Amerimoose](#)).

## ENROLLMENT STEPS

1. Complete this form and send to [implementation@accresa.com](mailto:implementation@accresa.com).
2. An Accresa representative will contact you to schedule a 1 hr enrollment call. During the call we will review your profile and kick-start enrollment. Please have the eligibility template ready to upload.

## 1 COMPANY INFORMATION

<b>Company Name</b>	_____	<b>Company Type</b>	_____
		(LLC, LP, Corp., Inc.)	
<b>Location</b>	_____		
	STREET		
<b>Address</b>	_____		
	CITY	STATE	ZIP
<b>Phone Number</b>	( ) - _____	<b>Employer Identification Number (EIN)</b>	_____
<b>Main Point of Contact**</b>	_____		
	FIRST NAME	LAST NAME	EMAIL ADDRESS
<b>Secondary Point of Contact</b>	_____		
	FIRST NAME	LAST NAME	EMAIL ADDRESS

\*\*Assigned as the main administrative user in the system, responsible for overseeing the Employer Dashboard, including eligibility management.

## 2 GENERAL PLAN INFORMATION

<b>Plan Type:</b>	VIRTUAL PRIMARY CARE	DIRECT PRIMARY CARE
<b>Benefit Start Date</b>	____ / ____ / ____	
<b>Contribution Amounts</b> (\$0 if not covering)	_____	
	MAIN EMPLOYEE	SPOUSE CHILDREN
<b>Do prices need to be hidden?</b> (this would be relevant if employer planned to cover 100% of the plan)	YES	NO
<b>Employee Out-of-pocket Payment Options</b>	CREDIT/DEBIT CARD ONLY	PAYROLL DEDUCTION ONLY

## 3 ADDITIONAL ACTIONS / INFORMATION REQUIRED

- For standard enrollment, please complete the [Employee Roster & Eligibility Template](#). This document will be uploaded directly to the website to kick-start enrollment during the implementation call with an Accresa representative. You can find more information [here](#). If you do not have an eligibility roster available, you may opt for participant self-enrollment via link. Please let us know if this is the case in order to setup the enrollment link.
- Complete and send to [implementation@accresa.com](mailto:implementation@accresa.com) the [ACH Authorization Form](#), related to the bank account in which funds will be collected from.