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www.transform.ar.gov/employee-benefits/

Health Insurance Representative Agreement

ACA §21-5-406 requires that all participating agencies and school districts/co-ops appoint health insurance representatives to manage the enrollment and premium payment processes of the agency or school district, and who are also required to adhere to the policies and procedures issued by the Employee Benefits Division.

If a State Agency/School District/Co-op does not comply with the policies and procedures established by Employee Benefits Division, EBD shall assess penalties to the Agency/School District/Co-op.

Health Insurance Representatives will:

Initials

- Read, review, and adhere to all rules and regulations as stated in all Plan documents prior to beginning duties as Agency HIR; EBD Plan documents include: the *ARBenefits Summary Plan Description* and *EBD Benefits Administration Manual (BAM)*.
 - ASE - <https://www.transform.ar.gov/wp-content/uploads/>
 - PSE - <https://www.transform.ar.gov/wp-content/uploads/>
- Follow applicable procedures as defined by EBD to ensure compliance with COBRA mandates (*Benefits Administration Manual*) - (Refer all employees to the Employee Benefits Division with questions regarding Retirement or COBRA benefits).
- Promptly review and disseminate to Agency/School District employees any Summary of Material Modifications, EBD update announcements and EBD Alerts.
- Enroll, maintain, update, initiate changes through the appropriate channel and terminates employee's participation in group benefits within the timeframe specified throughout the Benefits Administration Manual.
- Ensure that the data entered is accurate (ex: name, address, SSN/DOB, etc.) Benefits Administrative Manual.
- Comply with all IRS Guidelines. Failure to do so could place your Cafeteria Plan and Group Health Coverage in jeopardy Benefits Administrative Manual.
- Ensure appropriate premiums are collected within specified timeframe throughout the Benefits Administrative Manual (BAM- Arkansas Code) ACA §21-5-415.

State Agencies and Public-School Districts shall agree to rules of participation outlined in EBD's policy and procedure manuals (ACA §21-5-405).

Signature: _____ Date: _____

Print Name: _____

Manager's Signature: _____ Date: _____

Agency/School/District: _____ Group #: _____

Phone: _____ Fax: _____ Email: _____

Please return copy to EBD