



Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-1168 www.ARBenefits.org

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, EBD Benefits Administration Manual and Annual Benefits Guide for Enrollment. (www.arbenefits.org)
Follow applicable procedures as defined by EBD to ensure compliance with COBRA mandates (BAM-Membership Management) - (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, as appropriate.
Enroll, maintain, update, initiate changes through the appropriate channel and terminates employee's participation in group benefits within the timeframe specified throughout the Manual (BAM-Membership Management).
Ensure that the data entered is accurate (ex: name, address, SSN/DOB, etc.) (BAM-Membership Management).
Comply with all IRS Guidelines. Failure to do so could place your Cafeteria Plan and Group Health Coverage in jeopardy (BAM-Membership Management).
Ensure appropriate premiums are collected within specified timeframe throughout the Manual (BAM- Billing Management) 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

Employee Benefits Division - ARBenefits - PO Box 15610 - Little Rock, AR 72231 - 877.815.1017