

Group Sales Enrollment Spreadsheet

Benefit Changes & Open Enrollment Member Maintenance

Entering Required Information

1. Fill-in the information below on the spreadsheet:

Group Name:	Group Name
Requested Effective Date:	1/1/2017
Person Completing Spreadsheet:	Your Name
Phone Number:	
Group Size:	Small Group

2. The following must be on each line for everyone on the contract (including dependents):
 - Contract Number
 - Subscriber SSN
3. The fields below must be typed **EXACTLY** as it appears in Facets— including capitalization and spacing:
 - Eligibility Class
 - Subgroup Name
4. DOB is required for everyone on the spreadsheet.
5. Info required for every subscriber includes:
 - Contract Number
 - Name
 - SSN
 - Eligibility Class
 - DOB
 - Subgroup

Important Notes:

- If the **Eligibility Class** or **Subgroup Name** is entered incorrectly, the spreadsheet will not upload.
- Only include an **Address** if it is changing.
- The spreadsheet will not load if a product is selected that the group does not offer.
- Leave **RelationToSubscriber** blank for the subscriber row.
- Individual dependents cannot be dropped from coverage using the spreadsheet. In this case, a paper change form is submitted.
Ex. Subscriber has Family coverage but wants to drop two of his five children covered under medical.
- If **ANYTHING** changes regarding information that impacts ID cards, it will overwrite Facets information and generate a new ID card.
Ex. Facets has middle initial but you do not include it on the spreadsheet.

Adding or Changing Products

1. Indicate enrollment in at least one product.
2. Enter the Coverage Level for the subscriber.

Spreadsheet Template

The image below shows an example Group Sales Enrollment Spreadsheet template.

Group Name:

Group Name

Requested Effective Date:

1/1/2017


Person Completing Spreadsheet


Your Name


Phone Number:

Group Size:

Small Group







Group Sales Enrollment

You are not allowed to change column headers

	Contract Number	Eligibility Class	Subscriber SSN	Dependent SSN	Relation To Subscriber	First Name	MI	Last Name	Gender	DOB	Job Title	Marital Status	Date Retired	Re
1)	11111111	Active Employees	11111111			FAKE		SUBSCRIBER	F	1/15/1967		Single		
2)	22222222	Active Employees	22222222			BETTY		BOOP	F	4/23/1985		Married		
3)	33333333	Active Employees	33333333			JOHN		DOE	M	5/4/1983		Married		