



**SeaGate Benefits Administrators, Inc.**

*6711 Monroe Street, Building V*

*Sylvania, OH 43560*

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## **Introducing A Better Way To Do Business for Small Group Prescreen & Enrollment!** In a little more time than it takes to fill out a traditional health benefit application form – you and your employees can minimize application & benefits paperwork forever.

SeaGate Benefits Administrators and FormFire – the nation’s largest, carrier endorsed, online application, data processing and workflow system is now available in Ohio and Michigan.

Remember when filling out Medical History Questionnaire/Applications was a chore? Imagine filling out 5, 6, or even 10 applications. FormFire makes filling out multiple applications a thing of the past. Its unique approach means that with one online process for your employees, all relevant applications can be produced for each employee.

The employees go on line, create a Personal Account with access 24x7. These accounts bring safe and reusable storage of personal & dependent medical information year after year. Form Fire’s system also helps Employers meet their HIPAA obligations. Best of all, by using FormFire, SeaGate Benefits Administrators can help the Employer shop for competitive rates with other carriers.

The technology covers the gathering of coverage choices, personal demographic and health information, the collection and notarization of legal electronic signatures, and the digital transfer/processing of Carrier census, application, underwriting and sold case submission information.

### **FormFire’s Main Features**

- **Full data scrubbing of entered information**
- **Complete range of Carrier applications & documentation**
- **Full HIPAA/HITECH compliance**
- **Group HR Information Portals & Survey Tools**

## **If you are interested in a Prescreen please complete the following pages:**

### Benefits Specialists

Shelly Seymour 419.517.7079 ext.294

David Spiess 419.887.6268

George Mullan 419.887.6312

or

### Benefits Administrators

Paula Hohlbein 419.517.7079 ext. 320

Katie Rower-Osborn 419.517.7079 ext. 220





SeaGate Benefits Administrators, Inc. Agent/Specialist Name \_\_\_\_\_

**(Employer to complete to start the prescreening process)**

Are you currently using or have you ever used FormFire? Yes  No   
(if yes, please complete the FormFire agent transfer form)

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_  
(SIC CODE)

Company Address: \_\_\_\_\_  
\_\_\_\_\_

HR Contact Name : \_\_\_\_\_

HR Contact Phone: \_\_\_\_\_

HR Contact E-mail Address: \_\_\_\_\_

TAX ID # \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Do you currently have health insurance? Yes  No   
(if yes please give a little background)

Carrier: \_\_\_\_\_ Renewal Month: \_\_\_\_\_  
Plan Design: \_\_\_\_\_

Once we receive the information, you will receive an e-mail from FormFire/SeaGate Benefits Administrators, Inc. to start the prescreening process.

Thank you and if you have any questions please contact

Paula Hohlbein  
Benefits Administrator  
paula@seagatebenefitsadministrators.com  
Phone 419.517.7079 ext. 320  
Fax 419.517.7406



# Broker Transfer and Termination Request

We, \_\_\_\_\_ [company name], \_\_\_\_\_ [tax ID #],  
Operating from \_\_\_\_\_ [street address],  
Request that our current FormFire account(s)\* be transferred to

\_\_\_\_\_ [new brokerage group name]

We also request that the current brokerage group associated with our FormFire  
account(s), \_\_\_\_\_ [previous brokerage group name]  
no longer eligible to review, use, or process our FormFire account(s) detail.

This change is to take place on or before the \_\_\_\_\_ [insert date]

\*Note: Under HIPAA requirements, any and all individual's personal medical information shall not be divulged to a third party without that individual's direct consent. It is the responsibility of the employer and their respective agents to take all precaution deemed necessary under law to protect an individuals' information from misuse. FormFire, LLC reserves the right to communicate this transfer event to all affected FormFire account holders.

For more information please visit FormFire's privacy statement and terms & conditions of use at:  
[www.formfire.com](http://www.formfire.com).

**Attention: There is a mandatory five business day wait period after your request is received by FormFire.**

On behalf of the above transferring company

Signed:

\_\_\_\_\_

(print name)

\_\_\_\_\_

Company/Title

\_\_\_\_\_

Contact Phone Number

\_\_\_\_\_

Date

Please Fax to:  
FormFire Customer Support  
**Fax#: 216.298.4151**  
Or  
Scan and email to:  
**transfers@formfire.com**