



# FormFire

Secure Online Benefits Quoting

# FormFire

## Employee Benefits Quotes Simplified.

### What is FormFire?

Let's face it, it's difficult and sometimes confusing to navigate the ever-changing health insurance landscape. We've found that most employers want to balance their employee needs with their bottom line, and yet, the last thing they need on their desk is another form to sign. So, we partnered with FormFire to more easily collect basic employee health information through a secure online system. FormFire is a simplified alternative to paper applications, expediting the process of getting rates and plan options. Please follow the steps below, and as always, give us a call if you need help – our team of advisors is eager to help you.

### How do I get started?

**Phase 1: Set up FormFire:** Please visit <https://tigadvisors.com/benefits-and-employer-services/employee-benefit-clients-survey/> to enter employee Census and employer information. Please note: **(Password: TIGbenefits)**

**Phase 2: Employees enter information in FormFire:** We'll send you a welcome letter that you can pass along to your team. From here, your employees will need to answer some questions about their health in order to obtain the most competitive rates.

**Phase 3: Choosing your plan:** Our team at TIG will be eager to help you make a great decision – one that you feel good about.

### FAQ

- 1. How will you ensure that our confidential information is secure?** FormFire handles your information with the same care and security that an online bank gives a checking account – They use the same security and encryption procedures. And of course, they abide by Federal and State law in regard to HIPAA and personal privacy as well. FormFire security and privacy policies are available at their website ([www.formfire.com](http://www.formfire.com)) for your review.
- 2. Social security numbers – why do you need those?** Certain provisions of the Affordable Care Act require this personal data in order to furnish 1094-B forms. In addition, health care insurance carriers require SSNs to write new medical policies. Please note - this data is required for FormFire, as well as standard paper applications.
- 3. If a person is waiving coverage, why do they need to complete an application?** There are a number of legal requirements that have to be dealt with even if someone is waiving coverage. To make sure they have their rights properly acknowledged, each person must register their intentions.
- 4. How far back do people need to go when answering medical history questions?** Although all valid information is important, particular attention is given to any medical condition, medications, or life situations that may have happened within the past 10 years.
- 5. How specific do people have to get with dates?** For most dates required through FormFire knowing just the month and year will be sufficient. When asked for a date, please use your best estimate. When in doubt, the beginning (1st) or middle (15th) of the month is our recommendation.
- 6. What kind of medical questions will I be asked?** For a list of typical medical questions, please see the sample checklist below.

**TIG Advisors**

Phone: 573-875-4800

[TIGadvisors.com](http://TIGadvisors.com)



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## Medical Question Example Checklist

- 1.** Have you, or any of your covered dependents, visited any health care professional, or thought you should seek treatment, for any illness, injury, or health condition within the past 10 years? Yes / No
- 2.** Have you, or any of your covered dependents, taken any prescription or over the counter medications for any medical condition within the past 5 years? Yes / No
- 3.** Have you, or any of your covered dependents, been hospitalized (inpatient or outpatient) or do you, or any of your dependents, anticipate a hospitalization in the future, aside from pregnancy? Yes / No
- 4.** Do you, or any of your covered dependents, have a past or current health condition, illness, or injury that required surgery or that may require surgery in the future? Yes / No
- 5.** Are you, or any of your covered dependents, currently pregnant or ever had a cesarean section or high risk pregnancy or had an abnormal pap test, venereal disease, or been on fertility drugs? Yes / No
- 6.** Do you, or any of your covered dependents, have any physical deformity, defect, or congenital Yes / No
- 7.** Have you, or any of your covered dependents, been told that they have an immune disorder, AIDS, or AIDS-Related Complex? Yes / No
- 8.** Have you, or any of your covered dependents, been diagnosed with diabetes? Yes / No
- 9.** Have you, or any of your covered dependents, incurred medical claims of more than \$5,000 in Yes / No
- 10.** Have you, or any of your covered dependents, been treated for alcoholism, other drug or substance abuse, including use of any illegal or controlled drugs, or been advised to seek Yes / No
- 11.** Have you, or any of your dependents, had an abnormal physical exam? Yes / No
- 12.** Do your claims, or any of your covered dependents' claims, involve Worker's compensation? Yes / No
- 13.** Have you, or any of your covered dependents, been declined for life or health insurance coverage from any carrier? Yes / No
- 14.** Have you, or any of your covered dependents, used tobacco in the past 2 years? Yes / No
- 15.** Have you, or any of your covered dependents, received a transplant, been scheduled to receive a transplant or have discussed the possibility of receiving a transplant in the future with a Yes / No