

Steps to Insurance Re-Enrollment

Step 1: The employer must complete the Certification of Compliance form and email it to Leanne@baldwinrealtors.com. The form can be found here: <https://bit.ly/BRAHPemployer>

Step 2: Gather your materials:

1. Social Security number of all dependents you plan to enroll.
2. Date of birth of all dependents you plan to enroll.
3. Your membership with Baldwin Realtors must be in good standing. You do not have to be a member if your employer is a member. If you ARE the employer, you must be a member.
4. Your routing and account number, you wish to have debited. **There is no fee.**
5. Add Wendy.Witchen@90DegreeBenefits.com to your email contacts to keep emails from going to junk or clutter.

Step 3: If you have current benefits

Go to <https://wis.coteva.net/Renewals/> and select 'Authenticate'

Step 4: Fill in the required information (First Name, Last Name, SSN, DOB) and hit 'Submit'

If you have difficulties authenticating your identity please contact Wendy Witchen at 228.762.2500

The image shows a screenshot of a web form for '90 DEGREE BENEFITS'. The form is titled 'Authenticate Identity' and includes the following fields: First Name, Last Name, State (dropdown menu), and DOB (MM/DD/YYYY). A blue 'Submit' button is located at the bottom right of the form. The form is set against a dark background.

For Enrollment Form Questions: 228.762.2500
For BCBS Plan Questions: 855.249.3813 (Group #: 97643)

Step 5: Begin enrollment application

Employee Enrollment

Employee/Participant

ALLISON WOODHAM
23280 COUNTY ROAD 65
BALDWIN, AL 36664
PHONE: N/A

MEMBER ID#: 123456789

Employer Group

BALDWIN REALTORS
P O BOX 1000
ROBERTSDALE, AL 39560

GROUP#: 12 : 0001

Open Applications

The following open or incomplete enrollment applications are currently available to be completed. To complete the item, select the application icon to the right of the item's status. For further instructions, select the instructions icon in the far right column.

Open Item	Created	Status	Application	Benefits Information
Click Here to Start/Complete Enrollment Application	NOV 13, 2018	OPEN	📄	📄

Step 6: Review your current benefits.

Annual Enrollment

Review Current Benefits

This page summarizes (1) your current benefits as carried forward from the preceding year, (2) your demographic and contact information, as well as (3) any automatic enrolled elections. If the information appears to be correct and you would like to continue to the benefits as described below, select the "Continue Forward" button at the bottom of the page. If you need to correct any of the demographic or contact information, or if you would like to update any of your coverage elections, select the "Complete Application" button at the bottom of the page.

Applicant Information

Group # Member Date
 Member ID

Employment Information

Division Status
 Class Plan Type
 Organization Annual Plan
 Location Annual Salary
 Full-time rate Health plan(s)

Personal Information

Name Marital Status
 Date of Birth Tobacco Use
 SSN Disabled

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Step 7: Review dependent information before moving on.

If you don't have any changes, please select 'Continue Coverage'. If you would like to change your elections, add, or remove coverage or dependents, please select 'Complete Application on the bottom of this page.

The screenshot shows the 'Annual Enrollment' form with the following sections:

- Contact Information:** Fields for Street/PO Box, Home Phone, Mobile Phone, Work Phone, and Email.
- Benefits:** A table showing the selected plan and its details.
- Dependents:** A table listing dependents with columns for ID, Name, Date of Birth, SSN, Gender, Relationship, MED, and DEN.

ID	Name	Date of Birth	SSN	Gender	Relationship	MED	DEN
01	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Buttons at the bottom: [Continue Coverage](#) (red) and [Complete Application](#) (blue).

Step 8: Update your application or select 'Continue Coverage'

Then review your information, confirm all Terms & Conditions and electronically sign by typing your name exactly as it appears on the bottom of the screen. Next hit 'Submit as Final'.

The screenshot shows the 'Annual Enrollment' form with the 'Participant Signature' section. It includes a list of terms and conditions with checkboxes for agreement and a 'Submit as Final' button.

Participant Signature

Enter your name in the space provided below exactly as it appears on the line following the signature input (using ALL CAPS) and click [Submit as Final] to submit your renewal application for employer and administrative review.

- To the best of my knowledge, the information I am providing is correct and I understand that if I provide false information, my claims may not be paid, payments may be recovered, plan eligibility/membership may be cancelled.
- I authorize any insurance or services company related to benefit coverages referenced herein to obtain an ability to examine or release information needed to coordinate benefits or process claims for myself or my family. This electronic form supersedes all previous forms I have submitted. If I have waived coverage, I understand that satisfactory evidence of loss of other said coverage may be required to enroll at a later date.
- My election or waiver of coverage is binding and cannot be revoked or modified during the plan year except for changes allowable by state or federal law (as explained in the plan document).
- I understand that I must complete the payment authorization form with the premium for coverage, along with the administration fees for that coverage. This application must be completed and I must be in good standing with Eastwin: Realtors, before I am approved for coverage. I also understand that credit card payments require a 3.5% payment processing fee and ACH payments require a \$2.95 payment processing fee per draft and that the premium displayed above does not include the payment processing fee.
- I understand that the authorization for charges will remain in full force and effect until I notify L&W in writing that I wish to revoke this authorization. I understand that L&W requires at least 2 weeks notice prior to the proposed effective date of the debit in order to cancel this authorization. Payments will process on the 1st of each month.
- I understand that payments will process on the 1st of each month, if the 1st is on a Saturday or Sunday, it will process on the next business day. Should my payment be rejected for Non-Sufficient Funds (NSF), I understand that L&W will attempt to process the charge again 7 days from the original processing date, and I agree to any additional charge by the bank for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. Should the payment be rejected on the second processing date, L&W will terminate coverage effective at midnight the last day of the last period for which premiums were paid.

I accept the above conditions for enrollment.

[Submit as Final](#)

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Step 9: Before submitting your application, please confirm your selections. Once submitted, you may print your application for your records.

Step 10: You must go to this link and complete the bank authorization before you are enrolled.

https://90degreebenefits.formstack.com/forms/baldwin_reators_bank_draft_form

90 Degree Benefits
Post Office Box 1688
Pascagoula, Mississippi 39568-1688

RECURRING ACH PAYMENT AUTHORIZATION FORM

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a recurring transaction set forth by 90 Degree Benefits, dba Lockard & Williams Insurance Services, Inc. (L&W) and agreed upon by the member entering this agreement.

I authorize 90 Degree Benefits/L&W to debit the bank account indicated on this form, for the noted amount on the monthly billing notice.

1. AUTOMATED CLEARING HOUSE (Debit your Account)

Date of the debit: 1st of each month (plus bank processing fee)

Member Name

First Name	Last Name

Account Type

Checking Account Savings Account

Bank Name

Bank Routing Number

Bank Account Number

I understand that this authorization will remain in full force and effect until I notify 90 Degree Benefits/L&W in writing that I wish to revoke this authorization. I understand that L&W requires at least 2 weeks' notice prior to the proposed effective date of the debit in order to cancel this authorization.

If the payment is rejected for Non-Sufficient Funds (NSF), I understand that 90 Degree Benefits/L&W will attempt to process the charge again upon notification by our office. I agree to any additional charge by the bank for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. Should the payment be rejected on the second processing date, 90 Degree Benefits/L&W will terminate coverage effective at midnight the last day of the last period for which premiums were paid.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute 90 Degree Benefits/L&W's debit with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Business Name

Contact Name

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