

Admin  GA  GA-HUB  GA-DCHL

New Application  Changes  Add Services  BOR



## Section 1: Group Information

Legal Name of Company:

Trading as:

Is this a current account with GBS?  YES  NO ..... Is coverage through an individual product?  YES  NO

YES? – GBS Account Number:

Physical Address:

City:

State:

ZIP:

Mailing Address (if different):

City:

State:

ZIP:

Billing Address (if different):

City:

State:

ZIP:

Type of Business:

SIC:

Tax ID:

Corporation  Partnership  C-Corp  S-Corp  Sole Proprietorship  Other \_\_\_\_\_



## Section 2: Contacts

Executive Contact:

Phone:

Email:

GBS Access Username:

GBS Access Password :

*Username and Password must contain 8 or more characters with upper case, lower case, number(s), and special character(s)*

Authorized to access/ receive:  **Monthly invoice alert**  
Available for administered services only  **Employer account information**

Administrative Contact:

Phone:

Email:

GBS Access Username (8 or more characters):

GBS Access Password (8 or more characters):

*Username and Password must contain 8 or more characters with upper case, lower case, number(s), and special character(s)*

Authorized to access/ receive:  **Monthly invoice alert**  
Available for administered services only  **Employer account information**

Additional Contact:

Phone:

Email:

GBS Access Username (8 or more characters):

GBS Access Password (8 or more characters):

*Username and Password must contain 8 or more characters with upper case, lower case, number(s), and special character(s)*

Authorized to access/ receive:  **Monthly invoice alert**  
Available for administered services only  **Employer account information**



### Section 3: Invoicing

- ONLINE BILL DELIVERY (fee waived)  
 NO COST CENTERS

OR  PAPER BILLING (\$10 monthly fee)

OR  MULTIPLE COST CENTERS (invoice will be broken down by division)

List all cost centers below, if you need additional space, please attach a separate sheet.




### Section 4: Benefits Eligibility

# Full-Time Employees	# Part-Time Employees	# Seasonal Employees
# Employees Enrolling	# Employees Waiving	

- Waiting Period for NEW employees:  Same waiting period for all coverages\*  Multiple waiting periods\*  
 Waiting Period for REHIRED employees:  Same waiting period for all coverages\*  Multiple waiting periods\*

*\*Carrier contracts are final. **Carrier contracts are required to change, adjust or supplement waiting periods.**  
 Waiting period flexibility and guidelines are set by law and subject to carrier interpretation and guidelines.*

	Medical	Dental	Vision	Life	ADD	LTD	STD	Vol. Benefits
Date of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> of the Month following Date of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> of the Month following ____ days of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours Needed for Benefits (30 for ACA)								

<b>Do you offer coverage to:</b>		<b>Carrier contracts are required to change, adjust or supplement eligibility?</b>	
Part-time employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Seasonal employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Retirees?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Employees with other coverage?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Domestic Partners – Same Sex	YES <input type="checkbox"/> NO <input type="checkbox"/>	Domestic Partners – Opposite Sex	YES <input type="checkbox"/> NO <input type="checkbox"/>



### Section 5: Carrier History – Required for BORs

Current Medical Carrier:	Policy Renewal Date:
Current Dental Carrier:	Policy Renewal Date:
Current Vision Carrier:	Policy Renewal Date:
Current Life Carrier:	Policy Renewal Date:
Current Short-Term Disability Carrier:	Policy Renewal Date:
Current Long-Term Disability Carrier:	Policy Renewal Date:
Current Voluntary Lines Carrier:	Policy Renewal Date:
PAYROLL Vendor:	Policy Renewal Date:



## Section 6: Confidential Information

GBS considers any and all information, materials and systems to be confidential and proprietary.

GBS complies with HIPAA Privacy and Security regulations, which protects the confidentiality of our Clients' database containing information regarding their employees, dependents, benefits and costs. GBS hereby warrants that this information is kept in strict confidence and maintained on the system by secure password protection. Therefore, as a pre-requisite to delivery or disclosure of any such information, the Client also acknowledges that they:

- (a) Will use reasonable means, not less than that used to protect their own proprietary information and to safeguard the information;
- (b) Will not show or otherwise disclose any information to anyone other than their appointed Broker (if authorized below) or Clients staff (if authorized below);
- (c) Will not share their password to gain access to the system with anyone other than those bound by the terms of this agreement;
- (d) Will notify your GBS Account Administrator immediately, in writing, of any changes to Access Authorization to protect the confidentiality of your information. GBS will not be held responsible for any unauthorized access that may occur if Client does not provide timely notification of change to Authorization Access list.

Once the Agreement is countersigned by GBS, the Client and any authorized person(s) identified above will be issued a confidential Login ID and Password to gain access to the website. Upon receipt of signed agreement, GBS will require 15 days to establish Client access to the online enrollment and/or HR Connect system.

### **SURVIVAL**

The parties recognize and agree that the respective obligations under this Agreement shall survive the termination, inactivity or discontinuance of this Agreement and that, thereafter, they shall be bound by such obligation.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives have executed this Agreement on the date set forth below their signature.

#### Section 6A: Company Official Signature

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Section 6B: Broker Signature

Name (printed): \_\_\_\_\_

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **ADDITIONAL SERVICES**

GBS offers additional services at no cost or at an additional PEPM. Please check the additional services you would like to add and complete the corresponding sections in this agreement. Some services may require additional documentation and set up fees.

- |  |             |                    |                      |
|--|-------------|--------------------|----------------------|
| <input type="checkbox"/> Extended Benefit Administration – COBRA | (Section 7) | Set Up Fee: \$0.00 | Monthly: \$2.50 PEPM |
| <input type="checkbox"/> GBS Access & Online Enrollment          | (Section 8) | Set Up Fee: \$0.00 | Monthly: \$0.00 PEPM |
| <input type="checkbox"/> HR Connect                              | (Section 9) | Set Up Fee: \$0.00 | Monthly: \$2.00 PEPM |

#### **Separate Document Required:**

- |  |                                       |                      |
|--|---------------------------------------|----------------------|
| <input type="checkbox"/> HRA – Health Reimbursement Arrangement Administration         | Set Up Fee: \$250.00                  | Monthly: \$6.00 PEPM |
| <input type="checkbox"/> FSA – Flexible Spending Account Administration                | Set Up Fee: \$250.00                  | Monthly: \$6.00 PEPM |
| <input type="checkbox"/> POP – Premium Only Plan – Section 125 Cafeteria Plan Document | Document Fee: \$300.00                | Monthly: NA          |
| <input type="checkbox"/> WRAP Plan Document  | Document Fee: \$500.00                | Monthly: NA          |
| <input type="checkbox"/> Payroll Integration   | Fees and services may vary by vendor. |                      |



**Section 7: Extended Benefit Administration – COBRA**

- ELECT GBS Full COBRA Administration for Extended Benefits:**    \$2.50 PEPM        \$0.00 Implementation Fee  
**or**  
 **DECLINE GBS COBRA Administration for Extended Benefits**  
*\*if declined you are not required to complete the remainder of this section*

Administration of extended benefits is based upon the total number of full-time and part-time employees in your company for 50% of the typical business days in the previous calendar year regardless of whether they are currently enrolled in your group benefit program. Each part time employee counts as a fraction of an employee, with the fraction equal to the number of hours the part time employee worked divided by the hours an employee must work to be considered full time.

*Example: If full time = 40 hours, an employee working 20 hours is counted as ½ an employee. (20 divided by 40)*

**COBRA (Federal):** applies to groups with 20 or more employees.  
**Maryland State Extension:** applies to groups with fewer than 20 employees (MD residents only).

**Indicate the total number of employees in your company (as defined above):** \_\_\_\_\_

**Section 7A: Employees/Dependents REQUIRING NOTIFICATION**

Please complete the information below for any recently terminated employees or dependents for which you are requesting GBS send notices to offer extended coverage. If none, please indicate "NONE". GBS will not issue notices to employees terminated prior to our administration effective date.

Employee/Dependent Name	Street Address	City	State	Zip	Coverage Termination Date

**Section 7B: Employees/Dependents on EXISTING EXTENSION**

Please complete the following information for any employee or dependent currently being billed for extended coverage. If none, please indicate "NONE". GBS will begin billing members directly as of the date group enrolls with GBS/date confirmed based on our review of existing account.

Employee/Dependent Name	Social Security Number	Original Termination Date	Length of Extension	Last Paid Month

I have reviewed the outline of responsibilities for Cobra/Maryland State Extension services through Group Benefit Services, Inc. I understand that I retain liability for the Employer Responsibilities as outlined on the document.  
I hereby verify that all information provided above is correct.




## Section 8: GBS Access & Online Enrollment (No Charge)



**GBSAccess** is always available for clients for the purpose of accessing information regarding their benefit plans administered by Group Benefit Services. GBSAccess contains the following online features:

• Account Information	• Employee & Dependent demographics & benefits	• Pre-populated election form
• Current Rates & Plans	• Current premium invoices and up to 18 months of prior invoices	• Online Bill Pay
• Custom Census Reports	• Financial History of enrollment changes impacting premium, invoice & transactions	• Temporary IDs




**ELECT Online Enrollment - Employer Access** **\$0.00 PEPM**  
 *With payroll deductions showing (25+ enrolled)* \$ (additional documentation will be required)  
 *Without payroll deductions showing* \$ 

OR

**DECLINE Online Enrollment - Employer Access**



**ELECT Online Enrollment - Employee Access** **\$0.00 PEPM**  
 *With payroll deductions showing (25+ enrolled)* \$ (additional documentation will be required)  
 *Without payroll deductions showing* \$ 

OR

**DECLINE Online Enrollment - Employee Access**

### Transaction Access:

- Executive Contact (Section 2)**  
 **Administrative Contact (Section 2)**  
 **Additional Contact (Section 2)**  
 **Other:** \_\_\_\_\_

Name	Phone	Email	Username	Password

**If the Client prefers to keep all signed enrollment forms in their files, please initial in the box and review application retention requirements below:**

- Client and their authorized users (as identified on page 1 Section: 3) understand and agree to the following important disclaimers regarding **Online Enrollment** and are responsible for adhering to the eligibility requirements as set forth by the various insurance carriers and GBS's Users' Guide.
- GBS will provide the Client a detailed online Users' Guide for utilizing the online enrollment system. Client should familiarize themselves with the website tool and request any additional training if they have questions. Client will be responsible for any online enrollment activity they perform, unless the error was caused by a system error.
- All information entered into the online enrollment tool by the Client or their authorized users will be the responsibility of the Client. GBS will not be held responsible for the accuracy of this information.
- If an enrollment activity requires a signed election form, it is the Client's responsibility to print the "pre-populated" election form provided by the system, have the employee sign it and forward it to GBS for final processing. Prompt return of the election form will be required to comply with eligibility guidelines (i.e. 30 days from qualifying event). Additional documentation requirements (such as divorce/marriage documentation, loss of coverage certificate, etc.) must accompany the election form to complete processing.
  - All enrollment activity entered by the Client into GBSAccess™ Online Enrollment system will be reviewed by GBS to confirm eligibility requirements have been met.
  - In the event that verification of eligibility requires additional documentation (such as full-time student verification, divorce/marriage documentation, loss of coverage certificate, etc.), Client must provide such documents to GBS in order to complete the requested enrollment process.
  - In order to comply with the insurance carriers audit requirements, **Client must maintain the original employee signed election forms and be able to forward to GBS within 48 hours of request, if required through an insurance carrier audit.** Retention of the employee signed election forms is required for a period of seven years regardless of eligibility status (active or terminated).
- The Client should review their *Transaction History* screen monthly to ensure that all enrollment requests have been completed and make any appropriate payroll contribution changes.
- The Client is responsible for notifying GBS immediately, in writing, if Access Authorization changes are to be made.

SEE EXHIBIT A for online enrollment requirements

**Section 8B: Employee Access – Online Enrollment Only – Application Agreement**

- (a) Client agrees to allow employees to process online enrollment transactions at an employee and dependent level. Transactions will include, but are not limited to, demographic and coverage changes as well as dependent and beneficiary updates. A complete outline of transactions available on the website is included in the Employee Users' Guide.
- (b) Employees will confirm transactions using E-Signature technology and upon acceptance, transactions will be processed by GBS without employer intervention and/or employee wet signature. Employers will receive e-mail notification of each transaction as processed. GBS must be notified immediately if the employer does not wish to authorize the transaction. Failure to notify us promptly may result in premium charges to the client group.
- (c) Client will provide the name and e-mail address of staff authorized to receive notification of employee transactions. Client is responsible for notifying GBS immediately of any change to this notification process.
- (d) Client agrees to provide e-mail addresses for all employees in order for them to receive enrollment and transaction notifications through online enrollment
- (e) Client agrees to provide employee payroll deductions to GBS for annual update if they choose to show payroll deductions to employees.
- (f) Employee Online Enrollment options will be made available to both Existing Employees and New Hires. A validation / authentication process will be done for each existing employee using the website enrollment. This process will be outlined in the GBS Online Enrollment Confirmation Letter. New Hires may access for the first time using a generic username and password (as provided in our Confirmation Letter). Each employee will establish their own unique User Name and Password to ensure security of membership records.
- (g) The Client should review their Transaction History screen periodically to ensure that all enrollment requests have been approved and completed and to confirm that all demographic, coverage, and dependent changes affecting payroll contributions have been made.

**Section 8C: Administrative Provisions**

Eligibility and Participation Guidelines:

I understand that in order to determine employer eligibility for medical coverage, I may be required to submit tax documentation in order to establish and renew the plan and may be subject to termination if documentation is not provided.

An eligible employee is defined as any full-time employee with a normal workweek of thirty (30) hours or more. Eligible employees and their dependents (if applicable) must meet the employer's probationary waiting period. Either a signed enrollment (if joining the plan) or waiver form (if not joining the plan) must be submitted to GBS for all employees. Each insurance carrier establishes participation guidelines and the plan may be terminated with thirty (30) days written notification if participation requirements are not maintained.

Billing and Premium Payments: Premium invoices will be generated by the 7<sup>th</sup> of the month prior to the effective month of coverage. Premiums must be received by GBS by the 1<sup>st</sup> of the coverage month. (For example, if you receive your invoice July 7<sup>th</sup> for August coverage, the premium is due by August 1<sup>st</sup>). If payment is not received by the due date, your coverage may be subject to termination. A \$25 re-deposit fee will be charged when a check is returned by your bank due to non-sufficient funds. Additionally, a \$50 service charge will be imposed if the check does not clear after one re-deposit. Carrier guidelines require premium payments to be remitted in full based on your invoices. Deductions and charges for enrollment activity will be reflected on subsequent invoices.

New Employee Applications: Applications for "new" employees who have met the employer's established waiting period must be received by GBS by the 22<sup>nd</sup> of the month to be effective for the first of the following month (i.e. July 22<sup>nd</sup> to be effective August 1<sup>st</sup>). The first month's premium must be included for all new applicants with your payment for that coverage month. Late entrants may be required to wait until the next open enrollment period for medical and dental coverage are required to submit acceptable evidence of insurability to apply for life and/or disability benefits.

Employee Terminations and Change of Status: If you wish to terminate or change an employee's insurance coverage, you must notify GBS in writing, prior to the first of the month for which the termination/change is effective. If written notification is not received prior to the first of the month, you may be liable for the additional month's premium, depending upon your guidelines.

Company Termination: If your company chooses to terminate coverage through GBS, it is requested that a thirty (30) day advance written notification be given. If your company fails to give written notification prior to the first of the month for which the termination is requested, your company will be liable for the additional month's premium.

Company Reinstatement: Reinstatement requests must be received in writing and are subject to carrier review and approval. Reinstatement requests must be accompanied by all past due premium and current month's premium, based on carrier requirements. Additionally, a \$100.00 fee is charged due to administration costs and must be submitted along with all premiums due. Insurance carriers may impose a waiting period following group termination.



### Section 8d: Contacts

Executive:	Email:	Phone:
Administrative:	Email:	Phone:
Additional:	Email:	Phone:
Other:	Email:	Phone:



### Section 8e: Additional Plans

	Benefit Offerings	Administered by GBS		Benefit Offerings	Administered by GBS
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Dependent STD	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary STD	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary LTD	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	GAP	<input type="checkbox"/>	<input type="checkbox"/>
ADD	<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness	<input type="checkbox"/>	<input type="checkbox"/>
STD	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
LTD	<input type="checkbox"/>	<input type="checkbox"/>	Accident	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Employee Life	<input type="checkbox"/>	<input type="checkbox"/>	Medical FSA	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Spouse Life	<input type="checkbox"/>	<input type="checkbox"/>	Dependent Care FSA	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Dependent Life	<input type="checkbox"/>	<input type="checkbox"/>	Transit	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Employee ADD	<input type="checkbox"/>	<input type="checkbox"/>	Parking FSA	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Spouse ADD	<input type="checkbox"/>	<input type="checkbox"/>	HRA	<input type="checkbox"/>	<input type="checkbox"/>



### Section 8f: Payroll Information

Payroll Frequency (Assume the same for all employees, if different, identify in Section 7: Benefit Rules)				
<input type="checkbox"/> Weekly (52)	<input type="checkbox"/> Bi-Weekly (26)	<input type="checkbox"/> Semi-Monthly (24)	<input type="checkbox"/> Monthly (12)	<input type="checkbox"/> Annual (1)
Payroll Deductions				
<input type="checkbox"/> 52	<input type="checkbox"/> 26	<input type="checkbox"/> 24	<input type="checkbox"/> 12	<input type="checkbox"/> Other:

#### DISPLAY TO THE EMPLOYEE:

- Monthly Total Premium, Employer Portion, Employee Portion and per pay deduction
- Per Pay Employee Deduction Only
- Employer Paid Benefits: Auto enroll once new hire information entered

#### REQUIRED DOCUMENTS:

<input type="checkbox"/> Census Template	<input type="checkbox"/> Employee Benefit Booklet
<input type="checkbox"/> SBC's for medical plans	<input type="checkbox"/> Summary of Benefits Dental/Ancillary
<input type="checkbox"/> Additional Documents for Document Library	

## Section 8g: Benefit Rules

To establish Benefit Rules which will determine what benefits the employee will be able to view and enroll in. If you have answered "NO" to any of these questions, please explain below.

### Benefits Offered:

1. Are all employees offered the same benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they differ by status (ft/pt), location, class, position (executives, management, all others) tenure, salary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any exceptions for any of the employees, retirees, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES:

2. Are all payroll deductions the same?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they differ by status (ft/pt), location, class, position (executives, management, all others) tenure, salary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any exceptions for any of the employees, retirees, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES:

3. Are all waiting periods the same?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they differ by status (ft/pt), location, class, position (executives, management, all others) tenure, salary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any exceptions for any of the employees, retirees, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES

4. Is the payroll frequency the same?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they differ by status (ft/pt), location, class, position (executives, management, all others) tenure, salary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any exceptions for any of the employees, retirees, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES

### Online Enrollment Access:

1. Will all employees be required to access the online enrollment and make an election or waive coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will this only be for benefit eligible employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If retiree's are covered, will they be required to make their election online as well?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES:

2. Open enrollment target date (if applicable)



**Section 8h: Medical Side by Side Comparison of Benefits**

	Plan 1	Plan 2	Plan 3	Plan 4
Benefit Description/Plan Name				
Type of Plan (HMO, PPO, etc)				
Individual In-Network Deductible				
Individual Out-of-Network Deductible				
Office Visit Charges In-Network				
Office Visit Charges Out-of-Network				
Prescription Drug Coverage:				
Rx Drug Deductible				
Generic/Preferred Brand/Brand Name/Specialty				
Individual In-Network Out of Pocket Maximum				
Individual Out-of-Network Out of Pocket Maximum				

**Section 8i: Dental Side by Side Comparison of Benefits**

	Plan 1	Plan 2	Plan 3	Plan 4
Benefit Description				
Class I-Diagnostic and Preventive				
Class II-Basic Services				
Class III-Other Basic Dental Care				
Class IV-Major Dental Care				
Class V-Orthodontics				
Individual Deductible (II, III, IV & V)				
Family Deductible (II, III, IV & V)				
Annual Maximum (Class I, II, III & IV)				
Orthodontics Annual Maximum				

Please initial in the box to acknowledge benefits outlined above are approved to be displayed to employees.



## Section 9: HR Connect - Onboarding

**ELECT HR Connect – Onboarding** **\$2.00 PEPM**

or

**DECLINE HR Connect – Onboarding**

*\*if declined you are not required to complete the remainder of this section*

### Transaction Access:

**Executive Contact (Section 2)**

**Administrative Contact (Section 2)**

**Additional Contact (Section 2)**

**Other:** \_\_\_\_\_

**Name**

**Phone**

**Email**

**Username**

**Password**

HR Connect is available for the purpose of recruiting, tracking and on-boarding new employees. HR Connect provides the following online features:

- Development and posting of job requisitions on Social Media with a direct link back to the client website
- Allows job applicants to complete online applications and upload resumes, references and cover letters
- Manage receipt of applications and resumes for review by department managers
- Automated email response to applicants to establish interviews with questionnaires completed by managers online
- View of Requisition and Applicant status is available at any time at a company or department level. Track length of time to fill positions and turnover rates by position
- Supervision of manager's applicant review
- Automated offers of employment
- Onboarding of employees following offer acceptance to include completion of W4, State Tax and I-9 forms online. Employees eligible for benefits can transition immediately to the Online Enrollment module

You may organize your HR Connect by departments, divisions or locations. Please define the setup below.

Department	Division	Location

- Provide Company Home Page (website link)
- Provide Company Logo by email **cfallin@gbsio.net** (image 150px height or larger)

In order to provide company information on the HR Connect website, as well as other websites, you may use to promote your job requisitions, please provide both a short and long description of your company or attach a job description.

Short Description (500 characters)

Long Description (1500 characters)