



# AMERICAN BENEFITS GROUP

## OPEN ENROLLMENT EDUCATION CAMPAIGN REQUEST

Employer: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Plan Year Start Date: \_\_\_\_\_ Plan Year End Date: \_\_\_\_\_

Open Enrollment Start Date: \_\_\_\_\_ Open Enrollment End Date: \_\_\_\_\_

### Campaign Type:

- Health Flexible Spending Account (FSA) – 3 week campaign
- Health Savings Account – 4 week campaign
- Combination: FSA & Health Savings Account\* - 4 week campaign

\*You may choose this option if you have an HSA which is not administered by ABG.

The Final Email which goes out one week prior to your Open Enrollment End Date has a call to action – **Enroll Now**. Please provide a URL if you are using an enrollment platform other than ABGs. If you are using ABGs online enrollment we can complete this for you.

**Enrollment Platform URL:** \_\_\_\_\_

**ABG Online Enrollment:** ABG has this information

### Enrollment Form

- We use our own enrollment form. Please attach your enrollment form, we will host for you and link to the Enroll Now button.
- Use ABGs enrollment form.

Please submit this form and your eligibility data at least 5 weeks prior to your open enrollment end date.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_