

BUILDER

business

COLLABORATIVE

Powered by:



AVAILABLE SERVICES

PURPOSE

The Builder Business Collaborative is a partnership between the North Dakota Association of Builders & Farmers Union Insurance. The objective of the Collaborative is to offer products that will help our members' businesses spend less time in the office & more time at the worksite. Products range from health insurance to employee onboarding.

Farmers Union Insurance is one of North Dakota's largest general agencies & through our established partnerships, we can provide access to an array of products.



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Farmers Union
INSURANCE



PREFERRED CARRIERS

Core & Ancillary Benefits

Multiple carriers to suit your specific needs.



MEDICA



Aflac

unum

HealthPartners

UnitedHealthcare

Ameritas



ManhattanLife
Standing By You. Since 1850.



EQUITABLE

DELTA DENTAL

SANFORD
HEALTH PLAN

Non-Medical Benefits

Expanded services to optimize your benefit package & experience.

ease

freshbenies[®]
SAVE TIME • MONEY • FRUSTRATION

ameriflex

Resourcing
Edge

IDX[™]
The Privacy Platform

CORE & ANCILLARY BENEFITS

Medical | Dental | Vision | Life | Disability | Supplemental



PREMIUMS

Assess current benefit spend.

Invest premiums strategically to create a high-quality, sustainable benefit package.



AFFORDABILITY

Is the new strategy affordable now & in the future?

Coordinate core & ancillary coverage to function together.

Did we cover gaps without overspending?



STRATEGY

Complementing coverages.

Prevent over-insuring.

3,5,7 year strategy to control cost.

Reinsure deductible through ancillary coverage to control employee exposure.

"We don't just create a health plan, we create a

HEALTH SOLUTION"

NON-MEDICAL BENEFITS

PAYROLL

- IRS Certified Payroll & Tax Filing
- Single Point of Contact Service
- Risk & Safety Management
- Time & Attendance

TELEHEALTH

- 24/7 Access to Care
- Health Advocacy
- Behavioral Telehealth
- Rx Savings
- Dental & Vision Savings

DATA & PRIVACY PROTECTION

- VPN
- Cyber Scan
- SSN Protection
- Credit Lock
- Instant Credit Inquiry Alerts
- Credit Monitoring

HUMAN RESOURCES

- Regulatory HR Compliance - State & Federal
- Intuitive HR Technology
- HR Support

BENEFIT ADMINISTRATION

- Online Enrollment Platform
- Medical Eligibility Management
- ACA Filing
- Benefit Support

PROCESS

HOW TO START & WHAT TO EXPECT

1

COMPLETE QUESTIONNAIRE

The questionnaire was designed to help us understand your current benefits package. When completed, please send to John.Guzman@fumic.com

2

INITIAL CONSULTATION

Discuss current benefits. How it is currently working - likes, dislikes. Identify benefit goals in relation to coverage & cost.

3

GATHER BENEFIT MATERIALS

Provided is a checklist, which will help us assess your benefits in the market as well as understand the premium funding.

4

PROPOSAL

In our final consultation, we will discuss our findings & new benefits strategy to help you provide quality coverage while controlling cost & out-of-pocket expenditures.

We want to know you!

Schedule your consultation by scanning the QR Code or by going to www.bit.ly/BBCollaborative_Schedule



Agent Use Only

COMPANY & BENEFIT

QUESTIONNAIRE

COMPANY INFO

NAME _____

ADDRESS _____

CONTACT _____

() - _____

PHONE _____

TITLE _____

EMAIL _____

CURRENT BENEFIT INFO

TOTAL # OF EMPLOYEES _____

PLANS & CARRIERS

- _____
MEDICAL
- _____
DENTAL
- _____
VISION
- _____
LIFE
- _____
DISABILITY
- _____
SUPPLEMENTAL

PAY FREQUENCY

- WEEKLY
- BIWEEKLY
- SEMIMONTHLY
- MONTHLY
- OTHER _____

NOTES

EFFECTIVE DATES/CONTRIBUTIONS/PLAN DESIGNS

REVIEW CHECKLIST

COMPANY INFO

EMPLOYER _____

CURRENT CENSUS

Please attach employee information in excel format with the following headers:

- First Name
- Last Name
- Date of Birth
- Gender
- Hire Date
- Zip Code
- Job Title
- Salary

BENEFIT SUMMARIES & CURRENT INVOICES

Please provide a copy of your benefit summaries and current invoices for each carrier. If you are contributing or paying any portion of the premium for your employees please indicate below.

SUMMARIES

- MEDICAL
- DENTAL
- VISION
- LIFE
- DISABILITY
- SUPPLEMENTAL

CURRENT INVOICES & CONTRIBUTIONS

- \$ _____
MEDICAL
- \$ _____
DENTAL
- \$ _____
VISION
- \$ _____
LIFE
- \$ _____
DISABILITY
- \$ _____
SUPPLEMENTAL

NOTES

THANK YOU!

If you have any questions, please feel free to contact me.
After completed, please send this sheet & the census to john.guzman@fumic.com