

AGENCYSMART



We are committed to helping our clients gain an edge through the technology we build, the attention we pay to every detail of our client's needs and the urgency with which we approach our work. In other words, we utilize our human capital to better your human capital.

We are committed to service excellence for every AgencySmart client. Your business is our priority, and we work hard to ensure that we provide the resources, processes, technology and expert guidance that enable you to focus on your business.

You already work hard...

Its time to work smart... AgencySmart!



AgencySmart has been helping brokers and general agents manage their business since 1999.

AgencySmart is a cloud-based CRM designed to track client and prospect renewals, service issues, commissions, easily communicate with clients and prospects and quote group, individual and Medicare plans and more...

AgencySmart facilitates the flow of work and information by reducing the amount of paperwork and eliminating redundancies. Your Agency will be more productive which will increase profitability and improve retention. Here are just a few of the features of AgencySmart:

Never Lose Track

- of client's and prospect's renewals
- of service and claim issues
- of enrollments, terminations and changes
- of dependents turning 26 or Medicare eligible employees and dependents

Built-in Small Group, Individual and Medicare Quoting Engine

- AgencySmart has an easy to use quoting and renewal engine
- Generate presentation-ready single, dual and even triple option proposals with ease
- Generate proposals with employee contribution strategies that include fixed dollar, percentage of premium
- Create presentations with member-level-rates, average rates, or composite rates

Comprehensive Reporting

- Stock and custom reporting capabilities
- Everyone says they provide great service. You can prove it with the "Service Performance" report
- The Agency Book of Business report allows you to look at your book:
 - by product sold
 - by size of accounts
 - by carrier
 - by amount of commission
 - by your entire book and what's been sold and what opportunities exist for cross-selling

Reduce Overhead and Increase Production

- AgencySmart combines several modules into one system, so you do not have to enter the same information in different systems
- Unlimited storage of client records and files
- Track producer licenses and certification

Main Search Clients Commissions Reports Communications Settings Help Quick Search

Home Lookup Add Client Add Person Add Carrier Add Agency Add Contact Calendar To-do List Reports Logout

The blue dashboard at the bottom of the screenshot is static.

With a single click you will know:

- All upcoming clients and prospect renewals
- What groups are in quoting or underwriting
- What client have never paid commissions
- Service issues and enrollments issues are pending
- What dependents are turning 26
- All Medicare eligible employees and/or dependents

All	187 Client Renewals	1 Opportunity	57 Service Issues	0 Shared Files
Own	7 Prospect Renewals	2 In Underwriting	28 Issues Require Attention	10 Medicare Eligible
	0 In Quoting	85 Pending Enrollments	83 Clients - No Payments Ever	4 Dependents Turning Age 26

Save Reset

Main Search Clients Commissions Reports Communications Settings Help Quick Search

Custom Detailed Summary Renewals Policies Matrix Loss Ratio Contacts Service History Performance Missing Info Duplicates Agents

Product Matrix Report

Modify Report Email Save

Company Name	Group Medical	HRA	HSA	Group Dental	Pediatric Dental	Group Life	AD & D	LTD	STD	State STD	Vision	Pension	Group LTC	FSA	Section 125	Travel Accident	Worksite Benefits	EAP	COBRA	Commercial P&C	Individual Medical	Individual Dental	Individual Life	Individual Disability	Individual LTC	Individual Investment	Medicare Supplement	Personal P&C	Auto - Commercial	Background Checks	Billing & Administration	Boiler and Machinery	Bond - Misc.	Business Owners Policy	COBRA Medical Rates	Company Handbook	Compass	Consulting Fees	Dependent Life	Dependent Life	Discount Card	Due Diligence	E&O	Education Level	ERSA - SPD	Froese Benefits				
A Starting Place 122 Parish Drive 212 Main Street 280 West Broadway 324E4 Development	X											X									X																													
3D Fitness, Inc. 8 Washburn Associates	X			X	X																																													
A Molly Company Environmental Services, LLC							X																																											
A. Hoesly and Son Electric, LLC	X																																																	
A. Lombardi, Inc. A. Servidone/B. Anthony	X																																																	
AA American Moving & Storage	X																																																	

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Save Reset

The Agency Product Matrix Report allows you to look at your book by product sold. This view shows you your entire book and what's been sold and what opportunities exist for cross-selling.

Plan Name	Current Plans		Renewal Plans		Proposal #1		Proposal #2	
	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
Plan Name	Advantage EPO Silver 100/50	Advantage EPO Gold 100/50	Advantage EPO Silver 100/50	Advantage EPO Gold 100/50	Advantage EPO HSA Bronze Compatible	Advantage EPO Silver 100/70	OMNIA HSA Silver	Advantage EPO Silver 100/70
In-Network Benefits	NJ Only	NJ Only	NJ Only	NJ Only	NJ Only	BlueCard	OMNIA	BlueCard
Deductible (Employee / Family)	\$2,000 / \$4,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Coinsurance (Carrier)	50%	50%	50%	50%	50%	70%	70%	70%
Out-of-Pocket Maximum (Employee / Family)	\$30 / \$50 deductible waived	\$20 / \$40 deductible waived	\$30 / \$50 deductible waived	\$20 / \$40 deductible waived	\$30 / \$50 after deductible	\$30 / \$50 deductible waived	\$30 / \$50 deductible waived	\$30 / \$50 deductible waived
Inpatient Hospitalization	50% after deductible	20% after deductible	50% after deductible	20% after deductible	\$500/day / 95 days	30% after deductible	30% after deductible	30% after deductible
Outpatient Hospitalization	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency Room	\$100 + 50% after deductible	\$100 + 20% after deductible	\$100 + 50% after deductible	\$100 + 20% after deductible	\$100 + 50% after deductible	\$100 + 30% after deductible	\$100 + 30% after deductible	\$100 + 30% after deductible
Laboratory	\$0 (OP: \$50) deductible waived	\$0 (OP: \$40) deductible waived	\$0 (OP: \$50) deductible waived	\$0 (OP: \$40) deductible waived	\$0 (OP: \$50) after deductible	\$0 (OP: \$75) deductible waived	\$0 (OP: \$75) deductible waived	\$0 (OP: \$75) deductible waived
X-ray	\$0 (OP: \$50) deductible waived	\$0 (OP: \$40) deductible waived	\$0 (OP: \$50) deductible waived	\$0 (OP: \$40) deductible waived	\$0 (OP: \$50) after deductible	\$0 (OP: \$75) deductible waived	\$0 (OP: \$75) deductible waived	\$0 (OP: \$75) deductible waived
Imaging (CT, MRI, PET)	\$0 (OP: \$50) deductible waived	\$0 (OP: \$40) deductible waived	\$0 (OP: \$50) deductible waived	\$0 (OP: \$40) deductible waived	\$0 (OP: \$50) after deductible	\$0 (OP: \$75) deductible waived	\$0 (OP: \$75) deductible waived	\$0 (OP: \$75) deductible waived
MOOP (Employee / Family)	\$5,000 / \$10,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Benefit Period	Calendar year	Calendar year	Calendar year	Calendar year	Calendar year	Calendar year	Calendar year	Calendar year
Gatekeeper	Non-gated	Non-gated	Non-gated	Non-gated	Non-gated	Non-gated	Non-gated	Non-gated
Out-of-Network Coverage								
Deductible (Employee / Family)								
Coinsurance (Carrier)	Emergency Only	Emergency Only	Emergency Only	Emergency Only	Emergency Only	Emergency Only	Emergency Only	Emergency Only
MOOP (Employee / Family)								
Prescription Coverage								
Generic / Preferred / Non-Deductible	\$15 / \$40 / \$50	\$10 / \$25 / \$50	\$15 / \$40 / \$50	\$10 / \$25 / \$50	50% after deductible	\$20 / \$45 / \$75	\$40	\$20 / \$45 / \$75
Composite Monthly Prem								
5 Single	\$ 412.69	\$ 735.04	\$ 519.95	\$ 797.44	\$ 445.23	\$ 796.69	\$ 408.57	\$ 786.69
2 Husband/Wife	\$ 807.91	\$ 1,617.08	\$ 1,039.70	\$ 1,594.88	\$ 890.47	\$ 1,593.37	\$ 817.14	\$ 1,553.37
1 Parent/Child	\$ 1,320.59	\$ 2,641.18	\$ 1,683.52	\$ 2,551.80	\$ 1,424.75	\$ 2,543.40	\$ 1,307.42	\$ 2,543.40
3 Family	\$ 5,612.52	\$ 6,439.27	\$ 7,069.99	\$ 5,901.04	\$ 6,095.17	\$ 5,895.48	\$ 5,556.54	\$ 5,895.48
Total Annual Premium	\$ 7,550.24	\$ 65,271.24	\$ 84,939.98	\$ 70,812.48	\$ 72,662.04	\$ 70,745.76	\$ 66,678.48	\$ 70,745.76
Employee Contributions								
Single	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00
Husband/Wife	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00
Parent/Child	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00
Family	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00
Employer Cost Analysis								
Employee Monthly Cost	\$ 4,862.52	\$ 5,073.27	\$ 6,419.99	\$ 5,241.04	\$ 5,405.17	\$ 5,535.48	\$ 4,956.54	\$ 5,535.48
Employer Annual Cost	\$ 58,550.24	\$ 60,951.24	\$ 77,039.88	\$ 66,492.48	\$ 64,982.04	\$ 66,425.76	\$ 58,878.48	\$ 66,425.76
Employer Total Cost		\$ 120,501.48		\$ 143,532.36		\$ 131,287.80		\$ 125,304.24
Difference from Current				Increase of \$23,039.88 (19.15%)		Increase of \$10,766.32 (8.53%)		Increase of \$4,992.76 (3.99%)
Difference from Renewal						Savings of \$12,244.56 (8.53%)		Savings of \$18,228.12 (12.70%)

AgencySmart has an easy to use quoting and renewal engine. Generate presentation-ready single, dual and triple option proposals with ease. Generate proposals with employee contribution strategies that include fixed dollar, percentage of premium or defined contribution. Create presentations with member-level-rates, average rates, or composite rates.

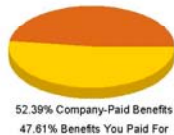
As a valued employee, Essex County Client (DEMO) is pleased to present you with your personalized Total Compensation Statement. While cash compensation is the largest portion of your total compensation, a significant portion is provided through indirect pay for health insurance, retirement and other benefits.

We prepared this statement to help you to better understand the true value of your compensation. If you have any questions, please contact Herman Hermann at 973-555-1185.

Base Pay	Benefits	Total Compensation
\$80,000	\$13,481	\$93,481

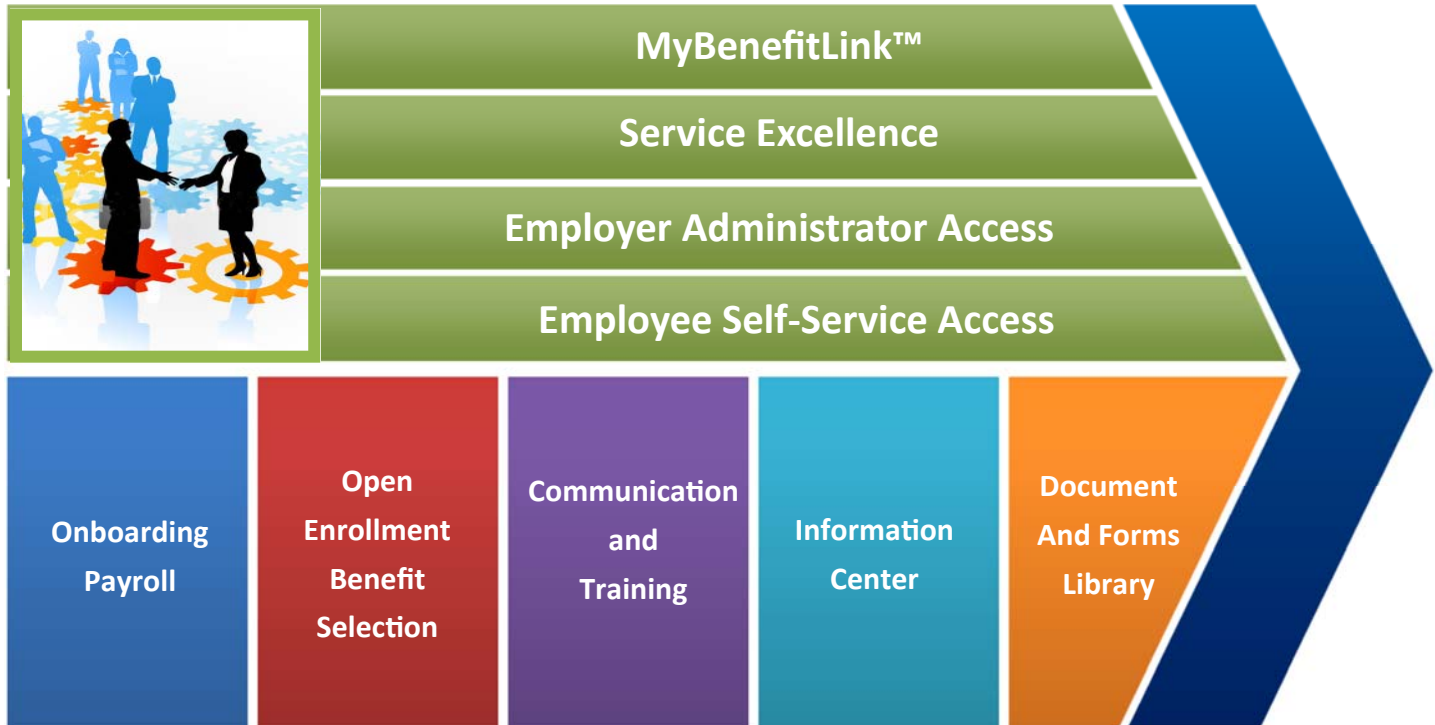


	Your Cost	Company Cost
Dental Insurance	\$300	\$1,200
Life Insurance	\$0	\$0
Long Term Disability	\$0	\$0
Vision	\$300	\$44
Insurance Benefits Total	\$600	\$1,244
Social Security	\$4,960	\$4,960
Medicare	\$	\$
Retirement Benefits Total	\$4,960	\$4,960
Federal Unemployment	\$56	\$56
State Unemployment	\$801.90	\$802
Mandated Benefits Total	\$858	\$858
Test Benefit	\$0	\$1
Company's benefits	\$0	\$1
Benefits Total	\$6,418	\$7,063



Benefit Statements, also called total compensation, are provided to employees to show them a true picture of the costs and value associated with their benefits.

The total compensation statements are sometimes referred as "Hidden Paychecks" as employees often do not or have never seen the costs employers pay for benefits.



Onboard New Employees

MyBenefitLink streamlines the onboarding process by minimizing administrative burden and maximizing employee engagement. Paperwork is a thing of the past! Employees log on and provide the required information for HR, benefits and payroll setup. The onboarding process is cut from days to minutes!

Benefit Enrollment and Open Enrollment

MBL streamlines the open-enrollment process, providing employees the opportunity to enroll in robust benefit offerings with products provided by different insurance companies, all in one place. MBL simplifies benefit administration all year long, so when an employee moves, has a child or experiences a life event, updating information is simple. The employee logs on, makes the change and e-signs the necessary documents for HR approval. Now, instead of updating multiple systems, HR only needs to access MBL when an employee makes a change.

A Place Where Employees Will Return Again and Again

MBL isn't just for onboarding. MBL is a place where your employees will return again and again to make changes, review policy revisions, update important documents and access training videos.

The Perfect Ratio of People to Technology

MBL utilizes the perfect ratio of people to technology to ensure employee requests are compliant and ready to be authorized and implemented. As your benefits advisor, we know the marketplace—the carriers, the products and all the rules and regulations of each program.

Onboarding Made Easy

myBenefitlink

Offer Letter

October 26, 2016
Demo Client
1 Broadway Suite 2350
Fairfield, NJ 07004

Dear Neil Flaniers:

This is an offer of employment as a IT Manager at Demo Client. This offer is contingent upon our receipt of your college transcripts to confirm your degree, and (any other contingencies you may wish to state).

We are offering you a base salary of \$50,000 which will be subject to deductions for taxes and other withholdings as required by law or the policies of the company.

You have agreed to start your employment on 10/01/2016. Your employment with Demo Client is at-will and either party can terminate the employment relationship at any time with or without cause and with or without notice.

You acknowledge that this employment offer letter, (along with the final form of any enclosed documents), represents the entire agreement between you and Demo Client and that no verbal or written agreements, promises or representations that are not specifically stated in this employment offer letter, are or will be binding upon Demo Client.

If you are in agreement with the above employment offer details, please sign below and return this employment offer to the company. This employment offer is in effect for five business days.

Signatures:
--HR Signature--
--Employee Signature--

Add Your Signature:
Your Name:
Your Signature:

Clear and Try Again

By signing the box above, I confirm that I've read and agree to the contract.

Accept

myBenefitlink

Employee Handbook

Handbook [View Document](#)

Acknowledgment and Receipt

Date: October 26, 2016.
I acknowledge that I received a copy of Handbook.

Employee Signature:
Employee Name:

Add Your Signature:
Your Name:
Your Signature:

Clear and Try Again

By signing the box above, I confirm that I've read and agree to the contract.

Accept

myBenefitlink

Employment Eligibility Verification

[View Form I-9](#)

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A non-citizen national of the United States
- A lawful permanent resident
- An alien authorized to work

Add Your Signature:
Your Name:
Your Signature:

Clear and Try Again

By signing the box above, I confirm that I've read and agree to the contract.

Back Continue

myBenefitlink

Tax Withholding

Federal Taxes (W-4) [View Form W-4](#)

Filing status:

Total number of allowances you are claiming: [Help me estimate number of allowances](#)

Additional amount you want withheld from each paycheck: \$ (optional)

I claim exemption from withholding for 2016.

State Taxes (NJ State W-4) [View Form NJ W-4](#)

Filing status:

Total number of allowances you are claiming:

Additional amount you want withheld from each paycheck: \$ (optional)

I claim exemption from withholding of NJ Gross Income Tax for 2016.

Add Your Signature:
Your Name:
Your Signature:

Clear and Try Again

By signing the box above, I confirm that I've read and agree to the contract.

Back Continue

myBenefitlink

Payroll Information

How would you like to get paid?

Payment method: Direct Deposit Pay Card Check

Amount: 100 percent

Bank routing number:

Bank account number:

Account type:

[Help me find routing and account numbers](#)

Add Another Payment Method

Back Continue

myBenefitlink

Congratulations!

You've completed the onboarding process.

- [Offer Letter](#) [Download](#)
- [Employee Handbook Acknowledgment](#) [Download](#)
- [I-9 Form](#) [Download](#)
- [2016 W-4 Form](#) [Download](#)

Continue with Registration

Return to Onboarding

Benefit Enrollment

Benefitlink

My Profile

Personal Information

First name: Neil
 Middle initial: [optional]
 Last name: Flanders
 Other names used: [optional]
 Date of birth: 06/14/1976
 Gender: Male
 Marital status: Married
 Social Security Number: 123-45-6789

Contact Information

Home address: 101 Atlantic St
 Apt. number: Apt A
 Zip code: 07024
 City: Fort Lee
 State: New Jersey
 Work phone: 973-555-0700
 Home phone: 973-555-1004
 Cell phone: [optional]
 Fax number: 973-555-2001
 Email address: neil@neil.com

Employment Information

Employment: Full-time
 Job title: IT Manager
 Date of hire: 02/01/2001
 Work hours per week: 40
 Employment type: Salary
 Salary: \$0.000

Benefitlink

Dependents

Please enter the information about your spouse and other dependents. Make sure that you list all dependents that will be covered under your insurance.

Spouse

Relationship: Spouse
 First name: Maude
 Last name: Flanders
 Date of birth: 07/10/1979
 Gender: Female
 Social security number: [optional]
 Email address: maude@neil.com

Child

Relationship: Child
 First name: Paul
 Last name: Flanders
 Date of birth: 08/10/2004
 Gender: Male
 Social security number: [optional]
 Email address: paul@neil.com

Child

Relationship: Child
 First name: Todd
 Last name: Flanders
 Date of birth: 08/10/2014
 Gender: Male
 Social security number: [optional]
 Email address: todd@neil.com

[Add a New Dependent](#)
[Continue](#)

Benefitlink

Group Medical Enrollment

Advantage EPO Silver 100/50 with Horizon Blue Cross of New Jersey - Low Plan
 Contribution: \$340.00 per pay period

View Summary of Benefits and Coverage (SBC)

In network

- Deductible (single/family): \$2,000 / \$4,000
- Coinsurance: 50%
- Maximum out of pocket (single/family): \$6,000 / \$12,000
- Office visit copay: Primary: \$20 deductible waived; Specialist: \$50 deductible waived
- Outpatient hospital copay: Deductible & coinsurance
- Emergency room copay: \$100 + 50% after deductible
- Diagnostic testing - Laboratory: \$0 (CP: \$50 deductible waived)
- Diagnostic testing - X-ray: \$0 (CP: \$50 deductible waived)
- Imaging: \$0 (CP: \$50 deductible waived)

Out of network

This plan does not provide out-of-network coverage, except in the case of a defined emergency.

Pharmacy Benefits

Benefit	Mail order
Generic	\$10
Preferred	40%
Non-preferred	50%
Deductible	

This benefit summary provides general information about the insurance benefits program being offered. It is not a contract and does not constitute a guarantee of benefits. All benefits are provided subject to the terms and conditions of the plan documents. The actual amount of benefits payable will depend upon the amount of contributions made by the employee and the employer, the actual amount of claims, and the actual amount of costs incurred. The actual amount of benefits payable will also depend on the amount of contributions made by the employee and the employer, the actual amount of claims, and the actual amount of costs incurred. The actual amount of benefits payable will also depend on the amount of contributions made by the employee and the employer, the actual amount of claims, and the actual amount of costs incurred.

Benefitlink

Group Life Enrollment

Group Life and AD&D with Assurant Employee Benefits
 Contribution: \$120.00 per pay period

This benefit is provided for you by the employer and is 100% employer paid.

Please enter information about your life insurance beneficiary:

Full Name	Relationship	Birth Date	SSN	Type	Share
Maude Flanders	Spouse	07/10/1979	[optional]	Primary	100%

[Add Beneficiary](#)
[No Enrollment](#)
[Back](#)
[Continue](#)

Benefitlink

FSA Enrollment

FSA with Choice Strategies, LLC
 Contribution: \$120.00 per pay period

Decline FSA coverage

Please enter the amounts you would like to contribute towards your FSA account

Type	Contribution Per Pay Period	Annual Contribution	Annual Limit	Reimbursement
Medical	\$ 60.00	\$ 1,200.00		Flexibly, this one calculates the total amount
Dependent Care	\$ 60.00	\$ 1,200.00		Monthly, this one calculates the total amount
Travel	\$ 10.00	\$ 240.00		Monthly
Parking	\$ 10.00	\$ 240.00		Monthly

Enrollment Election Form is required to enroll. Complete Form

[No Enrollment](#)
[Back](#)
[Continue](#)

Benefitlink

Congratulations!

You've completed the registration process. Here is the summary of your benefit selections.

Status	Plan Name	Contribution
<input checked="" type="checkbox"/> Elected	Advantage EPO Silver 100/50 with Horizon Blue Cross of New Jersey + Vision Enrollment Form	\$340.00
<input checked="" type="checkbox"/> Elected	Group Dental PPO with Principal Financial Group + Enrollment/Election Form is required to enroll	\$15.43
<input checked="" type="checkbox"/> Elected	Group Life and AD&D with Assurant Employee Benefits	\$0.00
<input checked="" type="checkbox"/> Elected	LTD with Assurant Employee Benefits + Enrollment/Election Form is required to enroll	\$0.00
<input checked="" type="checkbox"/> Elected	Vision with Vision Service Plan + Enrollment/Election Form is required to enroll	\$3.58
<input checked="" type="checkbox"/> Elected	State STD with Standard Insurance Company + Enrollment/Election Form is required to enroll	\$0.00
<input checked="" type="checkbox"/> Elected	Pension 401(k) with Voya + Enrollment/Election Form is required to enroll	\$0.00
<input checked="" type="checkbox"/> Elected	HRA with Choice Strategies, LLC	\$0.00
<input checked="" type="checkbox"/> Elected	HSA with Health Equity - Direct	---
<input checked="" type="checkbox"/> Elected	FSA with Choice Strategies, LLC	\$120.00
<input checked="" type="checkbox"/> Elected	Limited Benefit Plans with Synetia Financial + Enrollment/Election Form is required to enroll	\$0.00

Total contribution per pay period: \$479.21

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[Finish](#)



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www.AgencySmart.com