

✔ Company Information:

- Requested effective date
- Business name
- Physical address
- Type of business
- NAICS code
- Reason for quote
- Eligibility period (first of the month following 30-days, 60-days, date of hire, other)
- Employer contributions (employee and dependents) (%or \$ amount)
 - Medical
 - Vision
 - Pharmacy
- Current carrier – if less than 3 years, previous carrier and rates
 - Medical
 - Vision
 - Pharmacy
- Total eligible EE's
 - Census data – Employee & Dependents
 - First and last name
 - DOB (MM/DD/YYYY)
 - Zip Code of physical address
 - Gender
 - Enrolled tier by line of coverage
 - Plan design current enrolled in

✔ Plan type:

- Current plan type: PPO, HDHP, etc.
- Requested funding type: Fully Insured, ASO, Equal Funding

✔ Lines of Business requested to quote:

Include current benefit design / summary and requested design – prior plan year benefit design also requested

- Medical
- Vision
- Pharmacy

✔ Rates:

2 years of rate history, prefer current and renewal.

- If a group is self-funded or level-funded today, regardless of size, we require
 - Current specific stop loss level and premium
 - Current aggregate stop loss level and premium
 - All admin fees from TPA/carrier
 - Requested levels for specific and aggregate (self-funded only)

✔ Complete the Group Risk Questionnaire (Equal Funding quotes only)

✔ Claim experience by line of business:

- We need claims experience and large claims information on all cases.
 - Claims experience includes the following for 2 years:
 - Enrollment by month
 - Premium by month
 - Claims totals by month
 - Large Claims includes the following for 2 years:¹
 - Individual identifier
 - Diagnosis code
 - Diagnosis
 - Total claims paid by individual

✔ Agent information:

- Agency
- Agent
- Address
- Phone number
- Email address

¹ Note the HB2015 only provides 12 months of large claims