

Request for Proposal Submission Checklist

- ☐ Legal name of the employer
- ☐ Address of group (City, State, Zip)
- ☐ Desired effective date of coverage
- ☐ Quote due date
- ☐ Specific deductible (current and proposed)
- ☐ Contract type (current and proposed)
- ☐ Captive program
- ☐ Broker name and agency name
- ☐ Commission level requested
- ☐ Current census (including date of birth or age, sex, zip code, plan selected, type of coverage- if Cobra, Retiree, or Disabled please designate accordingly)
- ☐ SIC code
- ☐ Schedule of current benefits and proposed benefits, if different
- ☐ Monthly paid claims and enrollment (Month by month aggregate report for the most recent 24 month minimum)
- ☐ Current and/or renewal rates on carrier letterhead
- ☐ If fully insured with no claims experience, provide current and renewal rates on carrier letterhead on groups up to 120 contracts. Must include a full member census.
- ☐ Shock claims in excess of 50% of the current deductible and any serious ongoing condition including diagnosis/prognosis. Current year plus prior year at a minimum.
- ☐ Network and being implemented (if multiple networks, please specify by location) Please note the current network if different than the proposed.
- ☐ TPA Administrator requested.
- ☐ Other options requested (i.e. Aggregate Accommodation, Terminal Liability, Aggregating Specific)
- ☐ Rate structure requested-composite, 2 tier, 3 tier, 4 tier