XS
RE

Required for Quotation

Employer Data

- ❑ Name and address including zip code of each location
- ❑ Nature of business (SIC Code)
- ❑ If employer has more than one location, the number of employees at each zip code is needed
- ❑ Contributions: ____% Employee
  ____% Employer
- ❑ Indicate if the plan is covered by a collective, bargaining agreement (Union/Non-Union)

Proposed Coverage

- ❑ Proposed effective date
- ❑ Requested specific deductible
- ❑ Requested aggregating specific corridor
- ❑ Requested aggregate limit (1-5 million)
- ❑ Requested specific contract basis
- ❑ Requested aggregate contract basis
- ❑ Requested Commission

Current Policy and Renewal Information

Fully insured accounts

- ❑ Current rates
- ❑ Renewal rates
- ❑ Carrier name
- ❑ Benefits covered
- ❑ Current Commission

Self-funded accounts

- ❑ Current specific deductible and rates, aggregate factor, premium and contract type
- ❑ Renewal rates and terms, if available
- ❑ Carrier name
- ❑ Current TPA
- ❑ Benefits covered

- ❑ Description of employee's current plan. Attach current summary plan description and policy or plan document, if available.

Plan of Benefits to be Insured

- ❑ If requested plan differs from the current plan, detail all proposed changes
- ❑ Detail prior plan changes and the dates of changes

Census Data

- ❑ Total number of employees in group.
- ❑ Total number of eligible employees
- ❑ Census of employees to be covered reflecting date of birth (or age), sex , single/family status, and zip code
- ❑ Indicate those employees who are retired, COBRA participants and/or life only applicants

Life quotes require complete census

Claims Data

- ❑ Paid claims data for the two most recent experience periods
- ❑ Average enrollments for each experience period
- ❑ If employer is self-funded, provide month by month claim and enrollment data for the preceding 24 months
- ❑ If requesting dental, vision, prescription drugs and/or weekly income, claims paid for the preceding 24 months must be provided separately with enrollment, if different from medical

Shock Loss Data

Provide the following data for any potentially large or ongoing claims for the two most recent experience periods.

- ❑ Employee/Dependent status
- ❑ Age and sex
- ❑ Payment dates by experience periods
- ❑ Total amount of paid claims for each individual
- ❑ Diagnosis, prognosis and treatment
- ❑ Current status and estimate of future expenses

Comments