

## QUOTE REQUEST CHECKLIST

**PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.**

**RFP information needed:**

- ☐ Group name, city and zip
- ☐ Group Tax ID Number
- ☐ Group headquarters location, if different
- ☐ Effective date requested and renewal date
- ☐ Nature of business / SIC Code
- ☐ Employer contributions (minimums are 50/50 or 75/0)
- ☐ 5 year carrier history - Who is the incumbent carrier and for how long?
- ☐ All medical questions on the RFP must be answered Yes or No with details to any Yes answers
- ☐ Large claims report (if available)
- ☐ Current and renewal rates for all lines of coverage in the following formats: EE, ES, EC(H), EF or 3 tiered rates (if applicable)
- ☐ If the group is currently covered as a Small Group and is now applying for Large Group, please submit the following:
  - Quarterly Wage Report
  - Current Bill
- ☐ Provide the Summary of Benefits for all plans offered: medical/dental/vision/life, etc.
- ☐ If Life is requested, please provide schedules (flat, job-classed or salary based)
- ☐ New hire waiting period

**Census must be in Excel format and include:**

- ☐ Name (optional)
- ☐ DOB or Ages
- ☐ Gender
- ☐ Home Zip Codes for each employee
- ☐ Plan Selection (HMO, PPO, HSA, etc.)
- ☐ Tier levels (EE, ES, EC(H), EF) or 3 tiers (if applicable)
- ☐ Identify all COBRA participants
- ☐ Provide the reason for waiving for all employees (all non-valid waivers are counted towards participation)
- ☐ If there are any new hires/employees in waiting period, please indicate eligibility date on census
- ☐ Salaries and job descriptions if requesting STD/LTD or multiple of salary Life quotes