

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.

Our goal is to process your quote request easily and efficiently in order to provide you and your client with the most accurate quote. The following list outlines the information necessary to process your quote request:

RFP information needed:

- Group name, city and zip
- 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

Please NOTE: the average turnaround time to receive a quote is 7 to 10 business days

** If requesting an Aetna or Cigna quote, please submit a member level census.