

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 new group enrollment 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:

- Company Name, Address, City and Zip code
- Years in business
- Group headquarters location, if different
- Effective date requested and renewal date
- Nature of business / SIC Code
- Employer contributions (minimum 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:
 - Current and Renewal Rates/Rate Table
 - Last invoice from the current carrier
 - DE-9C (May be requested at carrier discretion)
- Provide the Summary of Benefits for all plans offered: medical/dental/vision/life, etc.
- New hire waiting period
- Indicate if Broker of Record (Yes or No)
- Broker Firm, Broker Name and Address

Member Level Census must be in excel format and include:

- Name
- DOB
- Gender
- Home Zip Codes for each employee
- Plan Selection (HMO, PPO, HSA, etc.)
- If wrapping with Kaiser Permanente, please identify the Kaiser Permanente enrollees
- Tier levels (EE, ES, EC(H), EF) or 3 tiers (if applicable)
- Identify all COBRA participants with COBRA termination date
- Provide the reason for waiving for all employees (all non-valid waivers are counted towards participation)

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

Fax: 714-567-5530 Attn: Large Group
Email: largegroup@wordandbrown.com
Phone: 800-869-6989

*** If requesting an Anthem and Health Net quote, a member level census is not needed.*

Important Reminder: To help your client comply with ACA requirements, provide a copy of the appropriate Summary of Benefits and Coverage (SBC) to each employee at the Enrollment Meeting, via email or by posting on an internal company website. For the most recent information regarding a health plan's SBCs, please go to the SBC Resource Center at www.wordandbrown.com or contact your Word & Brown representative.