



51+ REQUEST FOR PROPOSAL CHECKLIST

General Prospect Information:

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|--|
| Group name and address (all locations) |
| |
| |
| |
| Nature of business - |
| New hire waiting period - |

Needed for every line of coverage:

| | | | | | | |
|---|------------|--|---------------------------------|-------------|--|--|
| Number of eligible lives - | | | Number of participating lives - | | | |
| Employer contribution strategy | Employee - | | | Dependent - | | |
| Current carrier - | | | | | | |
| Prior carrier(s) for the past five years | | | | | | |
| | | | | | | |
| | | | | | | |
| Current rates and renewal rates <u>(actual copy of the renewal is required)</u> | | | | | | |
| | | | | | | |
| S | | | | | | |
| H/W | | | | | | |
| P/C | | | | | | |
| F | | | | | | |
| Copy of a current premium billing statement | | | | | | |
| Effective Date | | | | | | |

Employee Census Information (Medical and Dental):

MUST BE IN EXCEL FORMAT

| | |
|--|----------------------|
| | Gender |
| | Date of birth |
| | Residential zip code |
| Coverage status (single, parent/child(ren), employee/spouse, family, waiver or refusal) - for medical & dental | |
| Current plan enrolled in (if more than one option is available) - for medical and dental | |
| Identify COBRA enrollees and the day COBRA started | |

