



## *Proposal Request Checklist*

### **Specific coverage**

- ✓ Name of group, must include address, city, state and zip code.
- ✓ Broker or TPA contact person for this group. Include company, phone number and email address.
- ✓ Census for the group. Census must include Name, D.O.B., Zip code, Level of coverage.(i.e. single/family). Also must be in excel format.
- ✓ Nature of business or the SIC Code.
- ✓ Name of current TPA or if multiple then each one along with name of all current networks in place (PPO or HMO).
- ✓ A copy of the current plan document or plan summaries for every plan the group has in place.
- ✓ Large Claim Reports (50% of the specific deductible) for a minimum of 18 months. These reports need to include diagnosis and prognosis for each individual that is listed. Along with the paid to and from paid dates. Please note that if there are multiple administrators and networks you **MUST** have claim reporting data from each administrator and network that is in force.
- ✓ Current stop loss rates, specific deductible, contract type (i.e. 12/12, 15/12, 24/12, Paid, etc.). Current carrier and any contract limitations or exclusions. (i.e. lasers).
- ✓ Benefits to be included in the specific coverage. (i.e. Medical, Rx, Dental, Vision) If any of these are included then include all relevant plan documents and historical claims data.
- ✓ State the Annual Maximum Benefit for each group (i.e. 1,000,000.00, 5,000,000.00).
- ✓ State the quote requirements: effective date, requested deductibles, contract types, and quote deadline.

### **For Aggregate Coverage**

- ✓ Type of aggregate contract (i.e. 12/12, 15/12, 24/12, Paid, etc.).
- ✓ Must have the monthly paid claims with enrollment for the minimum of the prior 18 months.
- ✓ Current aggregate attachment factors and premium rates.
- ✓ Benefits to be included in the aggregate coverage. (i.e. Medical, Rx, Dental, Vision). If any of these are included then include all relevant plan documents and historical claims data.