

Group Health Insurance – Prospect Checklist

**For groups that are currently self-funded,
please provide the following information to provide a quote:**

1) Legal name of company

2) Effective date of coverage

3) Location(s) – City, state, zip

4) Nature of business

5) Current / Renewal Stop Loss Contract Terms

Specific Deductible	\$_____	Specific Corridor (if applicable)				
\$_____						
Benefits Covered	Medical	Rx Card	Dental	Vision	WDI	(circle)
Contract Basis – Specific	_____	_____	_____	_____	_____	_____
Specific Premium Rates	Single	\$_____	Family	\$_____		
Aggregate Premium Rate	Composite	\$_____				
Aggregate Claim Factors	Single	\$_____	Family			
\$_____						
Laser(s) – if applicable	Please indicate member name and amount of laser					
Agg. Accom.?	_____	TLO?	_____	Org. Trans. Rider?	_____	

6) Current / Renewal TPA Administration Costs

7) Claims data

Please provide monthly claims/enrollment, as well as information re: claims in excess of 50% of the specific deductible.

8) Census

Please include date of birth, gender, type of coverage (EE, EC, ES, EF), zip code (if different locations) and plan election (if multiple plan options). Please provide in Microsoft Excel format (.xls) if possible.

9) Current / proposed benefit schedule

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