

Group Health Insurance – Prospect Checklist

**For groups that are currently fully-insured,
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 rates

EE \$_____ EC \$_____ ES \$_____ EF \$_____

6) Renewal rates

EE \$_____ EC \$_____ ES \$_____ EF \$_____

7) 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.

8) Current benefit schedule

9) Proposed benefit schedule (if applicable)

10) Claims data (if available)

Please note that we are able to quote groups up to 150 lives without claims data.

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