

# Request for Proposal Submission Checklist

- Legal name of the employer
- Address of group (City, State, Zip)
- Desired effective date of coverage
- Quote due date
- Specific deductible (current and proposed)
- Contract type (current and proposed)
- Captive program
- Broker name and agency name
- Commission level requested
- Current census (including date of birth or age, sex, zip code, plan selected, type of coverage- if Cobra, Retiree, or Disabled please designate accordingly)
- SIC code
- Schedule of current benefits and proposed benefits, if different
- Monthly paid claims and enrollment (Month by month aggregate report for the most recent 24 month minimum)
- Current and/or renewal rates on carrier letterhead
- If fully insured with no claims experience, provide current and renewal rates on carrier letterhead on groups up to 120 contracts. Must include a full member census.
- Shock claims in excess of 50% of the current deductible and any serious ongoing condition including diagnosis/prognosis. Current year plus prior year at a minimum.
- Network and being implemented (if multiple networks, please specify by location) Please note the current network if different than the proposed.
- TPA Administrator requested.
- Other options requested (i.e. Aggregate Accommodation, Terminal Liability, Aggregating Specific)
- Rate structure requested-composite, 2 tier, 3 tier, 4 tier