

Proposal Submission Checklist

All Clients

- Employer Name
- Employer Location (City/State/Zip Code)
- Nature of Business or SIC Code
- Census in Excel Format to Include
 - Name
 - Gender
 - Age or Date of Birth
 - Zip Codes
 - Retiree, COBRA, Active Enrollee Indicators
 - Employee Only, Employee & Spouse, Employee & Children, Employee & Family Enrollment Status
 - Plan Election by Employee
 - Renewal Rates (If Available)

Current Self-Funded Clients

- Current TPA & Carrier
- Current Specific Stop-Loss Deductible
- Current Stop-Loss Contract Type (12/12, 24/12, etc.)
- Benefits covered under the Specific & Aggregate (Medical, Dental, Vision & Rx)
- Current Specific Rates
- Current Aggregate Rates and Factors
- Current Plan Design
- Current Network Utilized
- Two Years or more of monthly enrollment and claims experience
- Two Years or more of large claims information

Current Fully Insured Clients

- Current Carrier
- Current Rates
- Current Plan Design
- Two years or more of claims experience (if available)
- Two years or more of large claim information (if available)