

## Quote Request Form Self Funded

Bid Specifications	<b>Company Legal Name:</b>
	<b>Total Number of Eligible Employees:</b>
	<b>Total Number of Enrolled Employees:</b>
	<b>Company Address:</b>
	<b>Nature of Business (SIC Code):</b>
	<b>Date Quote Needed:</b>
	<b>Anniversary/Renewal Date:</b>
	<b>Proposed Effective Date:</b>
	<b>Current Benefits</b> (please provide lifetime maximum & full plan doc if available):
	<b>Requested Benefit Options:</b>
	<b>Employer Contribution Structure:</b>
Current Vendors, Rates and Factors	<b>Current Stop Loss Carrier:</b>
	<b>Current and Requested TPA/Administrator:</b>
	<b>Current and Requested UR/Large Case Vendor:</b>
	<b>Current and Requested PPO Network:</b>
	<b>Current Specific Deductible Level &amp; Proposed Level Options:</b>
	<b>Current and Requested Specific &amp; Aggregate Contract Types:</b>
	12/12; 12/15; 24/12; 15/12 (Please specify)
	Include Medical, RX, Dental, Vision, STD etc. (Please specify)
	Terminal Liability included in Specific and Aggregate Contracts (Please specify)
	Specific Advancement included (Please specify)
	Aggregate Accommodation included (Please specify)
	Any Lasers included (If so, provide detail on medical condition)
	<b>Current Aggregate Factors</b> (Please include benefits covered in the factors):
	<b>Current Rates:</b>
<b>Renewal Rates and Factors as Soon as Available:</b>	
Contracts & Reports	<b>Copy of Current Stop Loss Contract:</b>
	<b>Current 50% Specific Report for Current Year &amp; Two Prior Plan Years:</b>
	<b>Current Aggregate Report including Month-to-Month Claims, Enrollment for the Current Year &amp; Two Prior Plan Years:</b>
	<b>Current Large Claimants</b> (or claimants having a diagnosis that could lead to a large claim):
	<b>Current Case Management Report including Diagnosis/Prognosis Information:</b>
	<b>Current Year PPO Network Savings Report:</b>

<b>Broker Info</b>	<b>Quoting Broker:</b>
	<b>Broker of Record:</b>
	<b>What Level of Commissions are Included in Current Rates:</b>
	<b>Producer Commission Requirements:</b>
<b>Census</b>	<b>Provide Current Census in Excel Format including:</b>
	√ Date of Birth
	√ Gender
	√ Dependent elections (EE, EE+SP, EE+CH, EE+FAM)
	√ Multiple plans (Please include plan identifier)
	√ Multiple locations (Please include location identifier)
√ Zip Codes	