QUOTE CHECKLIST FOR MID-SIZE GROUPS
(51-99 Eligible Employees)

The following information is needed to generate a mid-size group (51-99 eligible employees) underwriting proposal.

GENERAL INFORMATION NEEDED FOR ALL QUOTES

1. Group demographics
   - Employer name ________________________________
   - Address ______________________________________
   - Phone number _________________________________
   - Other locations ________________________________

2. Broker name ___________________________ Agency ___________________________

3. Effective date _____/_____/_______

4. Current carrier _______________________________________________

5. Employer contribution: Percentage of single _____ Percentage of family ______

6. Census in Excel format
   - Date of birth
   - Gender
   - Zip codes
   - Coverage types
   - Plan selections
   - Employees by location (if multiple)
   - All eligible employees – active, COBRA, retirees (identify COBRA and retirees)

7. Current rates

8. Renewal date and rates (if available) ___________________________

9. Requested plans

10. New employee waiting period ___________ Hourly requirement ___________

11. Wage, tax and most recent billing

12. Indicate if owners/officers need 24-hour coverage  ___ No  ___ Yes (additional charge will apply)

MEDICALLY UNDERWRITTEN
(Less than 50 enrolled or over 50 with no claim experience)

- Network Health Short Form Medical Application (if 35 or more enrolled) or WI Uniform Application for each employee enrolling or waiving

EXPERIENCE RATED
(Minimum of 50 enrolled and two years claims experience)

- Two years of detailed claims by month
- Two years of large claims data ($10,000 and larger) including diagnosis and prognosis
- Two years of plan benefit descriptions
- Lasers? If yes, give details
- Two years of enrollment data by month
- Provider network ______________________________
- SIC/Industry ________________________________