

# 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 \_\_\_\_\_