



WHAT IS NEEDED TO QUOTE –LARGE GROUP (100 PLUS EMPLOYEES)

Employer Name:

Employer Address:

Contact Person Name:

Contact Person Title, Phone and Email Address:

Total Number of Employees:

Number of Employees Covered Under Your Health Plan:

Employee Contribution Amounts:

Renewal Date (or Effective Date Proposed):

Census for each type of plan to be quoted, including DOB, Male or Female, Dependent Status (Single, Employee + Spouse, Employee + Child(ren), Full Family).

Interest in Quoting:

Medical

Dental

Vision

Life: Amount: _____

Short Term Disability

Long Term Disability

Voluntary Coverages

Census Data:

Employee Name

Employee Date of Birth

Male or Female

Employee Home Zip Code

Employee Status on each plan – Medical, Dental, Vision, Life, LTD, STD, Voluntary Life, etc... (Employee Only, EE + Spouse, EE + Child(ren), Family)

If more than one plan is available for any benefit, please give which plan the participant is enrolled in.

If quoting any disability plans, please include Salaries (up to \$120,000) and job title.



IF CURRENTLY COVERED:

Copies of all current Schedule of Benefits (SBC's for Medical) for any current plans to be quoted.

Copy of all current carrier monthly billings (for all offered, including medical, dental, vision, disability, voluntary plans, life, etc.).

Current monthly rates for each plan offered. If/when renewal rates are received, a copy of the renewals if applicable (to see rate increases, decreases, etc.). 3 years rate history if available.

1-3 years of claims experience, if available, or at least loss ratios; month-by-month preferred.

[Upload Documents Here](#)