



What's Needed To Quote – Self-Funding

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:

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).

- Census, including employee identifier, dependent status (single, 2-party or family), employee sex, employee date of birth, depend date of birth (including each child)
- Current Rates (copy of current bills for all plans preferred) for all in-force plans
- Renewal rates, if available, and 3 years rate history, if available
- Benefit schedules or copy of employee SPD or Summary of Benefits & Coverage for medical plan, and schedule of benefits or SPD of dental, vision, disability and other plans in force
- Employer and Employee Contributions
- Claims experience, month-by-month preferred, if available; loss ratios are somewhat helpful; two years+ preferred (the more years available the better)
- Large claims reports and ongoing health conditions (including pregnancies), de-identified; current disabilities or work comp current injuries
- If currently covered by an HMO, limited claims experience for hospitalizations or large claim information may be available, depending on carrier (usually needs to be requested)
- If currently self-insured, copy of aggregate reports for a least 3 years, copy of excess loss contract schedule page, or specific and aggregate contract terms, run-out or run-in contracts, stop loss threshold (specific deductible), aggregate factors (monthly), terminal liability or other contract terms and fees, if applicable, current TP name, TPA administrative fees, network access fees, UR fees, current broker fees, and other fees (copy of current TPA billing preferred)
- If quoting life insurance, based on variables of salary (ie 1x or 2x salary), need salaries (de-identified)
- Amount of current life insurance, by class if applicable
- If quoting disability, need job titles and salaries (de-identified)
- Copy of current cafeteria plan/section 125 plan SPD or plan terms; premium only plan, full flex (and if full-flex, what options, such as dependent care accounts, flexible spending accounts for unreimbursed medical, etc.)

[Upload Documents Here](#)

Advanced Benefit Consulting & Insurance Services, Inc.

5130 E. La Palma Ave, Suite 211, Anaheim, CA 92807

(714) 693-9754 x 3; Fax 714 693-9768

www.advancedbenefitconsulting.com

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