

## Large Group Proposal Request

**Broker Name:** \_\_\_\_\_

**Broker of Record**                      Yes                      No

Group Name: \_\_\_\_\_

Group Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Current Carrier: \_\_\_\_\_

Years with current carrier: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

**Current Plan Design:**

Plan Type:                      Copay:                      Deductible:

Coinsurance:                      Limit:                      Rx:

Employer Contribution:

**Current Rates:**

Single:                      H/W:                      P/C:                      Family:

**Renewal Rates:**

Single:                      H/W:                      P/C:                      Family:

**Proposed:**

Plan Design:

Tier Structure:

Include

- Census: employee gender, date of birth, dependent status, zip code, ee spousal waivers & employees in waiting period
- Renewal Letter
- Current List Bill
- Benefit Summary

**Circle:**    Aetna    Atlantis    Cigna    Empire    GHI    Health Net    HIP    Horizon    MDNY

          Oxford    United Health Care    Vytra

## **Spreadsheet Options:**

Would you like the spreadsheet to be addressed to you or the Client? \_\_\_\_\_

Do you want a formal proposal?

*Please note if you would like a formal proposal please allow a 4 day turn around from the date we received the carrier rates.*

## **Union Quotes**

All the above information is required in addition to the items below.

1. Current Collective Bargain agreement.
2. LM-2's (Financials).

## **Self Funded Groups**

Below is a list of what is needed to evaluate a self insured group.

***Please provide as much information you can in electronic format.***

- In-force plan design
- Aggregate Stop Loss Report
- Paid claims over the last 10 months
- Month by month lives exposure to match claims experience and time period
- Large or shock claims over \$25,000; including diagnosis and prognosis
- Fixed Administrative Expense (rates)
- Specific or Individual Pooling Level
- Specific Insurance Rates
- Claim liability factors
- Copy of actual Stop Loss Contract

1. Is plan contributory or non contributory?
2. Who is doing cobra administration?
3. Who is doing flexible administration?
4. **Current commission**

### **Network**

- Does the TPA rent their network or contract with a carrier?
- What is the per ee per month fee?
- Will the client interface with the TPA?