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Self-Funded Group Quote Checklist

The information requested on this checklist is designed to optimize the accuracy and competitiveness of your quotes. Please provide as much information as possible.

Requested Information

* Required

Employer Information

- * Name of Employer
- * Main Corporate location (City, State, Zip)
- * If the employer has multiple locations, include the number of employees in each location with corresponding zip code(s).
- * Nature of Business and/or SIC code
- Years in business

Employee Census (In Microsoft Excel Format)

- * Employee name, or employee number
- * Gender
- * Date of birth
- * Employee home zip code
- * Coverage status (Employee only, Employee/Spouse, Employee/Child(ren), Family) Please provide gender and age of dependents
- * If Cobra, Retiree or Disabled, please designate accordingly.

Plan Information

- * Effective date of coverage
- * Quote due date
- * Specific and Aggregate contract terms - i.e. 12/12, 12/15, 15/12... (current and proposed changes)
- * Specific Coverage: Medical & Rx? Medical Only? Aggregate Coverage: Medical & Rx? Medical Only?
- * Schedule of current benefits and proposed benefit changes, if any. Current Plan Document would be very helpful.
- * If difference from current include schedule of benefits for prior 2 years.
- Carrier history for last 5 years (at least 3 years)
- * Monthly paid claims and enrollment (Month by month Aggregate report for the most recent 2 yrs minimum - 3 yrs. Is preferred
- * Large claims in excess of \$10,000 or 50% of the specific deductible including: Diagnosis, Prognosis and Date Last Treated.
 - Reports that should contain this information are;
 - ▶ 50% Specific Deductible Report
 - ▶ Large Claims Management Notes
- * Please note if any individuals on reports are no longer covered by the plan.
- * Please note if any individuals are on COBRA with scheduled COBRA term date.

Other

- Renewal offer is available (Very helpful for rate negotiation)
- Preferred PPO network(s) (if multiple networks, please specific by location).
- Copy of current stop loss contract
- Copy of current TPA or ASO administration agreement.
- HRA Reports

Broker Compensation

- State level of compensation to be added to quote. (This can be % of stop loss premium rate, PEPM, or flat \$ amount)

Additional information may be requested during the underwriting process.

Email quote request to: sales@hsg.com

