



Mid-Market Quote Request Checklist



Group Information

- Group name
- Headquarters address

SIC Code

Requested Effective Date

Employer Contribution

Census – Include:

- Employee and dependent name, gender, DOB
- Dependent relationship (spouse or child)
- Home State and ZIP code
- Employee status: Active, Part-Time, COBRA or Retiree (if eligible)
- Plan selection
- Coverage Tier (EO, ES, EC or EF)

Employee Status – Please List:

- All eligible employees
- Waivers due to other coverage
- Waivers for other reasons
- All employees in waiting periods
- Include expected effective dates

3 Years of Prior Carrier History

Complete SPD and Benefit Summaries

Current Rates

24 Months of Claims Experience

- Premium vs. claims report
- Monthly subscriber counts

Large Claims Reports

- Submit HB-2015
- Report all claims over \$20,000 that occurred in the past 12 months
- Include: claim amount, diagnosis and prognosis

Please Include:

- Agency/Producer Name
- Producer ID
- Requested PCPM commission rate (\$30 PCPM is standard)