



QUOTE REQUIREMENTS

CENSUS

- Completed Excel spreadsheet (Must have **51+** Enrolled)

PLAN OF BENEFITS

- Copy of current medical plan(s) description
- Identify any benefit changes over past three (3) years
- Identify any changes planned for your current renewal

RATE HISTORY

- 3 years of rate history preferred, including average enrollment for each period
- Copies of past 3 renewal letters, and current renewal letter if available
- Employer contribution

CLAIMS HISTORY – 50+ GROUPS

- 3 years of claims loss history preferred
- Completed large claim report
- Any/all carrier reports
- ICD-Reports (if self-funded)
- Individual claim detail report (if self-funded)
- Inpatient report (if self-funded)
- Pended / Denied claims (if self-funded)

IF UNABLE TO PROVIDE CLAIM HISTORY

- Individual Medical Disclosure forms

COMMISSIONS

- _____%