

Section 1: Current Pricing		
Fully Insured	Self-Insured	
	Specific rate:	Agg factor:
EE	EE	EE
E+S	E+S	E+S
E+C(ren)	E+C(ren)	E+C(ren)
Family	Family	Family

Section 2: General Information		
Contract terms (12/15 or equivalent assumed)		
<input type="checkbox"/> Number of lives on the health plan (not including dependents)	<input type="checkbox"/> Specific deductible options	<input type="checkbox"/> Aggregate congregation (additional PEPM)
<input type="checkbox"/> Fully Insured or Self-Insured	<input type="checkbox"/> Contract basis if currently Self-Insured	<input type="checkbox"/> Broker compensation (per employee per month (PEPM)) or equivalent
<input type="checkbox"/> Current carrier or administrator	<input type="checkbox"/> Aggregate coverage	<input type="checkbox"/> Proposed PPO network, medical management, or other vendors
<input type="checkbox"/> Current TPA	<input type="checkbox"/> Please provide the estimated TPA administrative fee (PEPM)	

Section 3: Fully Insured and Self-Insured Checklist	
Fully Insured	
Dependent-level census: Must have zip, DOB or age, coverage (S F ES EC), status (active, retiree, Cobra), gender, plan type (breakdown)	
<input type="checkbox"/> Current plan design (schedule of benefits)	<input type="checkbox"/> Renewal rates
<input type="checkbox"/> Previous plan design	<input type="checkbox"/> Current enrollment platform:
<input type="checkbox"/> Previous tiered rates	
Self-Insured	
Dependent-level census: Must have zip, DOB or age, coverage (S F ES EC), status (active, retiree, Cobra), gender, plan type (breakdown)	
<input type="checkbox"/> Current year 50% report showing DX, PX, and paid amounts, trigger report, pre-cert report, LCM notes, pending, and denied report	<input type="checkbox"/> Schedule of benefits included
<input type="checkbox"/> 2 prior plan years of large claims provided	<input type="checkbox"/> Rates/factors provided
<input type="checkbox"/> If aggregate coverage requested, paid claim experience (for all coverages included)	<input type="checkbox"/> Renewal rates
<input type="checkbox"/> Experience reports run by effective date	<input type="checkbox"/> Current enrollment platform:

Section 4: Ancillary Benefits Checklist

STD

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

- | | |
|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> ER paid or voluntary |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |
| <input type="checkbox"/> Copy of last month's bills for all benefit vendors | |

LTD

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> ER paid or voluntary |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |
| <input type="checkbox"/> Copy of last month's bills for all benefit vendors | |

Critical Illness

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of last month's bills for all benefit vendors |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |

Cancer

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of last month's bills for all benefit vendors |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |

Accident

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Renewal rates, if applicable |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> Copy of last month's bills for all benefit vendors |
| <input type="checkbox"/> Copy of SPDs for all benefits | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |

Term Life Insurance

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of last month's bills for all benefit vendors |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |

Permanent Life Insurance

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of last month's bills for all benefit vendors |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |

Dental

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> ER paid or voluntary |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |
| <input type="checkbox"/> Copy of last month's bills for all benefit vendors | |

Vision

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> ER paid or voluntary |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |
| <input type="checkbox"/> Copy of last month's bills for all benefit vendors | |

Gap Insurance

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Renewal rates, if applicable |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> Copy of last month's bills for all benefit vendors |
| <input type="checkbox"/> Copy of SPDs for all benefits | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |

Hospital Indemnity

Census that includes address with zip codes, DOB, job description, salary, hire date benefits elected by EE

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|---|--|
| <input type="checkbox"/> Current plan design (schedule of benefits) | <input type="checkbox"/> Copy of last month's bills for all benefit vendors |
| <input type="checkbox"/> Current rates | <input type="checkbox"/> Copy of SPDs for all benefits |
| <input type="checkbox"/> Renewal rates, if applicable | <input type="checkbox"/> Carrier contact sheet if not using the broker for carrier interface |

