

**REQUEST FOR PROPOSAL**  
**General Information**

Agent: \_\_\_\_\_

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

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

Additional Locations: \_\_\_\_\_

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

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

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

Current TPA: \_\_\_\_\_

**Quotation Request**

Specific Deductible: \_\_\_\_\_

Contract Terms      Specific \_\_\_\_\_      Aggregate \_\_\_\_\_  
Miscellaneous (lasers, aggregating specific , etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Aggregate Stop Loss, set at 125% of expected: \_\_\_\_\_

PPO Network: \_\_\_\_\_

Benefits – attach a schedule of current benefits.

## Premium Information

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Specific			
Specific Premium			
Single			
Family			
Aggregate Premium			
Aggregate Factors			
Single			
Family			

## Reporting Requirements

Please attach the following reports:

Employee Census of plan participants from current year showing name, sex, date of birth and type of coverage (single, family). COBRA participants should be indicated as such. If the plan offers multiple PPO networks, the census should indicate the network each member has enrolled in.

Medical summary on all large claimants over 50% of the specific for the current year and prior 2 years to include medical condition, treatment, diagnosis and prognosis. For current year, also include current status, most recent charges, year-to-date payments and any notice of upcoming treatment.

Aggregate reports from current plan year.

Aggregate reports from prior two plan years.

Summary of current benefits or plan document.

Network savings report

Pended claims report