

Included		Items Required for <u>ALL</u> Proposal Requests	Included		Items Required for Experience Based Proposal Requests
Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	(1,2) Confidential Group Risk Questionnaire Signed by Authorized Company Official	<input type="checkbox"/>	<input type="checkbox"/>	Renewal Information for 2 Policy Years Including:
<input type="checkbox"/>	<input type="checkbox"/>	Employee Census (<i>Excel or Tic Sheet</i>) Including:	<input type="checkbox"/>	<input type="checkbox"/>	Claims History (<i>Minimum 2 12-Month Periods</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Employee Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>	Benefit Plan Design for each Period
<input type="checkbox"/>	<input type="checkbox"/>	Employee Gender	<input type="checkbox"/>	<input type="checkbox"/>	Separated by Month
<input type="checkbox"/>	<input type="checkbox"/>	Employee Residence Zip Codes	<input type="checkbox"/>	<input type="checkbox"/>	Number of Members Coinciding with Claims History
<input type="checkbox"/>	<input type="checkbox"/>	Out of Area Zip Codes for PHCS quotes (<i>not to exceed 25%</i>) <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>	Large Claim Report for Each Period Including: (<i>Required for both Insured & Self-Funded</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Out of Area COBRA Zip Codes (<i>not to exceed 15%</i>) <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>	Dollar Amounts by Claimant
<input type="checkbox"/>	<input type="checkbox"/>	Does the Group Currently Have Retiree Coverage?	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis with Resolved vs. Ongoing Assessment
		Additional Items Required for Self-Funded Groups	<input type="checkbox"/>	<input type="checkbox"/>	Specific Stop Loss Limit:
			<input type="checkbox"/>	<input type="checkbox"/>	Renewal (<i>2007</i>): _____
			<input type="checkbox"/>	<input type="checkbox"/>	Period A _____ (<i>Most Current 12-Month Period</i>)
			<input type="checkbox"/>	<input type="checkbox"/>	Period B _____ (<i>Prior 12 Months</i>)
			<input type="checkbox"/>	<input type="checkbox"/>	Specific Stop Loss Report for Each Claim Period (<i>Dollar Amounts Paid Over SSL</i>)
			<input type="checkbox"/>	<input type="checkbox"/>	Aggregate Stop Loss Report for Each Claim Period
		Self-Funded Rate Components	<input type="checkbox"/>	<input type="checkbox"/>	Aggregate Stop Loss Cost:
					E/E Only _____
					E/E + Spouse _____
					E/E + Children _____
			<input type="checkbox"/>	<input type="checkbox"/>	Admin Fees (<i>per E/E</i>) _____
			<input type="checkbox"/>	<input type="checkbox"/>	Network Fees (<i>per E/E</i>) _____
			<input type="checkbox"/>	<input type="checkbox"/>	Reinsurance Fees (<i>per E/E</i>) _____

(1) Required on all groups with less than 100 eligible employees regardless of funding method.

(2) All YES answers on the Confidential Group Risk Questionnaire MUST have explanations provided.

Comments

Single Option Plans Requested:	Rx:
Dual Option Plans Requested:	Rx:
RMHP Representative:	Date: