

## **HEALTH INSURANCE QUOTE CHECKLIST**

### **1. Client Information**

- Full Company Name
- Address Of Group + Zip code
- Nature Of Business
- Employer Contribution
- Effective Date w/Current Carrier
- Renewal Date

### **2. Census Information –Electronic Excel Spreadsheet**

- Employee Name
- Gender
- Family Status (S, E+C, E+S, F)
- Date of Birth
- Date of Hire
- Home Zip Code
- Cobra People Covered
- Number of Waivers
- Eligibility/Effective Date
- Salary and Occupation for Ancillary Quotes Only

### **3. Plan Documentation**

- Current Plan Design / Benefit Summaries for All Plan Requested
- Copy of Current Bill
- Copy of most recent NYS-45 for entities

### **4. Claims Experience for Fully Insured as Well as Self Funded All Lines of Business**

- 3 years claims experience
- \* note large claims over \$10,000 need:
  - Diagnosis
  - Prognosis
  - Amount Paid
  - Date of Onset
- Enrollment Numbers by Month Enrollment Numbers by Month
- Premium Breakdown by Month Enrollment Numbers by Month

### **5. Renewal Packet**

- Full Renewal Letter, Exhibits and Plan Designs