boon·chapman

Group Information Sheet

Data Required to Quote

- ☐ Current census (or sub/dep report for age-banded groups) in a non-fixed format (ie., Word or Excel) including: name, DOB, coverage tier, zip code, plan election (if >1 plan option) and status for medical only
- ☐ In-force rates on carrier letterhead and corresponding benefit grid(s)/SBC(s) For Self-Funded/Level Funded groups, please include stop loss contract proposal AND ASO contract rates
- ☐ Full Benefit Grids - Corresponding to the rates provided
- ☐ Minimum 2 years of Aggregate Reports (Month by month claims, enrollment, premium)
- ☐ Renewal rates on carrier letterhead and corresponding benefit grid(s)/SBC(s) For Self-Funded/Level Funded groups, please include stop loss contract proposal AND ASO contract rates
- ☐ Two years (or more) of large claim experience (>$25,000, or 50% Specific Deductible report)
  (current year YTD, and 2 prior 12-month periods are preferred)
- ☐ Two years (or more) of monthly medical and Rx claims and enrollment history
  (current year YTD, and 2 prior 12-month periods are preferred)

Group Name: _____

Group Address[1]: _____

Current BOR[2]: _____

Current Carrier: _____ Broker Commission: _____ (PEPM)

Effective Date: _____ # Enrolled: _____ Avg FTEs: _____

Next Renewal Date: _____ Tax ID: _____ SIC Code: _____

For Self-Funded/Level Funded Groups:

Current PBM: _____ Current Network: _____

☐ Mirror existing plan or ☐ Make benefit changes Requested Network: _____

Requested PBM: _____ Aggregate Specific Deductible (not premium): _____

Spec Contract: _____ Spec Tier (I.e. 2 tier, 3 tier, or 4 tier) _____

Aggregate Accommodation ☐ Yes ☐ No TLO ☐ Yes ☐ No

Send RFP Request:

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