

## MID-SIZE (51 - 99)

# GROUP PROPOSAL CHECKLIST

The following information is ***required*** to quote any/all **fully insured groups** with 51 - 99 eligible employees.

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

Tax ID Number: \_\_\_\_\_

Employer Contribution: Medical: Single \_\_\_\_\_% Two Party \_\_\_\_\_% Family \_\_\_\_\_%

Dental: Single \_\_\_\_\_% Two Party \_\_\_\_\_% Family \_\_\_\_\_%

Agent/Agency Name: \_\_\_\_\_

Agent Phone: (\_\_\_\_) \_\_\_\_\_ Agent Fax: (\_\_\_\_) \_\_\_\_\_

Agent e-mail: \_\_\_\_\_

- Electronic census of the entire group e-mailed to your assigned Sales Executive**
  - For each employee, provide the following:  
First and last names, date of birth and gender of Employee, Spouse, and all Dependents  
 Employment status (e.g., full time, part time, COBRA)  
 Tier/enrollment status (single, 2-party, family)
  - A hard copy is acceptable; however, turn around time will increase.
- New Group Proposal Request form.**
- Group's current plan design.** (i.e., Benefit Summary)
- Copy of the group's current and renewal rates** (renewal notice showing the annual increase).
- Copy of the group's most recent billing** (on carrier letterhead with headcount summary page). Groups with fewer than 38 employees on current billing will be required to complete the Short Form Health Questionnaire and Medical History Statement.
- Risk Evaluation Form**

Please fax required information to (801)-333-6552  
to the attention of your Sales Executive.