

Secure Your Rates



Send the docs. Check the box. We'll do the rest.

Just send this information:

- Group name, address(es), SIC code**
- Census in Excel of all eligible employees and their dependents including the following:**
 - First and last name
 - Birth date
 - Gender
 - Street Address, City, State, Zip code
 - Home phone number
 - Coverage tier
- Current and renewal rates and benefits**
- Current medical plan invoice or renewal file from carrier including covered employees**
- Individual health questionnaires for groups with 15 or fewer currently enrolled employees**
 - Individual health questionnaires for groups up to 25 may be requested depending on initial underwriting.
 - Claims experience is requested whenever available. It will be accepted in lieu of individual health questionnaires.
(The reporting must include a monthly claims history report, a large claimant report with diagnosis information, 12 months of claims history, and have been produced in the last 45 days)
- Group risk evaluation form for all groups (unless individual health questionnaires were provided).**
- Claims experience for groups that are self-funded, level-funded or have over 100 enrolled**
- Individual health questionnaires for any size group if no current coverage is offered**



Contact your Sales Representative today to secure your rates.

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