

Health Proposal Checklist

Group Name:		Effective Date:
Address:		
City:	State:	Zip code:
Broker Name:	Agency Name:	
Broker Current Commission:	County:	
Health Tradition Sales Representative:		

Average total number of employees in previous calendar year: _____
 Number of **TOTAL** Employees: _____
 Number of **Eligible** Employees: _____
 Number of **Active** Employees: _____
 Number of **Retirees**: _____

Products to Quote:

Current Funding Arrangement: Fully Insured Self-Insured
 Deductible Credit Report: Yes No
 HRA/HSA: Yes No
 Amount of contribution. \$ _____
 HRA Vendor Name: _____

Optional Riders:

- Effective Date of Coverage Rider (Waiting Period)—Provides coverage immediately following waiting period rather than on first of the month following completion of the waiting period.
- Effective Date of Coverage Rider (Date of Hire)—Provides coverage on date of hire rather than on the first day of the month following completion of the waiting period.
- Termination Date Rider—coverage terminates on last day worked rather than on the last day of the month following last day worked, when the subscriber ceases to be eligible under the terms of the benefit plan.
- Eligibility Rider for Laid Off/Rehired Employees and Leave of Absence (non-Family and Medical Leave Act)—Instead of following new hire waiting periods you may specify different eligibility and waiting periods (e.g., first of the month following return from lay off) Please specify: _____

- Domestic Partner Rider
- Preventive Health Services Rider (available for Point of Service plans only) – Provides coverage for preventive services received from out-of-network providers at the out-of-out of network benefit level.

Information required for quoting:	✓
Complete Census (Age, Gender, Zip Code, Coverage Type)— Preferred Format is Excel	
Current Benefit Description	
Current Rates (If ASO, need breakdown of ASO fees)	
Renewal Information (Rates, Projection)	
Health Tradition Health Questionnaire	
Wage and Tax Form (UC-101)	
Current Carrier Bill	
Groups with 100 or more employees, include below in addition to information listed above:	✓
Claims Experience History (2 years of monthly history)	
High Cost Claims >\$25,000 History (Diagnosis, and Prognosis)	
Provider Listing: List of top providers by total charges.	
Enrollment History (2 years of monthly history)	
Benefit History	
Rate History	
Carrier History	
Proposed Benefit Description/Plan Design	
Plan Design requests/Alts/Comments:	