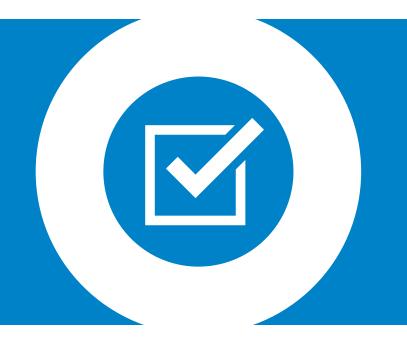
Mid-Market Quote Request Checklist



□ Group Information

- Group name
- Headquarters address
- ☐ SIC Code
- □ Requested Effective Date
- □ Employer Contribution
- □ Census Include:
 - Employee and dependent name, gender, DOB
 - Dependent relationship (spouse or child)
 - Home State and ZIP code
 - Employee status: Active, Part-Time, COBRA or Retiree (if eligible)
 - Plan selection
 - Coverage Tier (EO, ES, EC or EF)

□ Employee Status - Please List:

- All eligible employees
- Waivers due to other coverage
- Waivers for other reasons
- All employees in waiting periods
- Include expected effective dates

- □ 3 Years of Prior Carrier History
- □ Complete SPD and Benefit Summaries
- Current Rates
- ☐ 24 Months of Claims Experience
 - Premium vs. claims report
 - Monthly subscriber counts

□ Large Claims Reports

- Submit HB-2015
- Report all claims over \$20,000 that occurred in the past 12 months
- Include: claim amount, diagnosis and prognosis

□ Please Include:

- Agency/Producer Name
- Producer ID
- Requested PCPM commission rate (\$30 PCPM is standard)