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25B Hanover Road
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Phone 609.584.8112
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150 N. Radnor Chester Road
Suite F200
Radnor, PA 19087
Phone 610.977.2424
Fax 610.977.0840

51+ REQUEST FOR PROPOSAL CHECKLIST

General Prospect Information:

- Group name and address (all locations)
- Nature of business
- New hire waiting period

Needed for every line of coverage:

- Employer contribution strategy (employee and dependent)
- Current carrier(s)
- Prior carrier(s) for the past five years
- Current rates and renewal rates (actual copy of the renewal is required)
- Copy of a current premium billing statement

Employee Census Information (Medical and Dental):

MUST BE IN EXCEL FORMAT

- Gender
- Date of birth
- Coverage status (single, parent/child(ren), employee/spouse, family, waiver or refusal) - for medical & dental
- Residential zip code
- Current plan enrolled in (if more than one option is available) - for medical and dental
- Identify COBRA enrollees and the day COBRA started

Employee Census Information (Life & LTD):

MUST BE IN EXCEL FORMAT

- Gender
- Date of birth
- Residential zip code
- Current plan enrolled in (if more than one option is available)
- Life Amount
- Annual Salary
- Title



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Benefit Plan Information:

- Current benefit booklet or summary of coverage for all available options
- Proposed benefits

Claim Information:

- Monthly paid claims report for the past 24 months
- Monthly enrollment during the same time period
- Large claim information (dollar amount paid, time period paid, diagnosis and prognosis)

To the best of the client's knowledge have there been any high amount claimants in the past 24 months?:

- If so, please provide as much information as available such as time period, diagnosis, prognosis, member status on plan, etc.