

REQUEST FOR PROPOSAL CHECKLIST

Please provide the following information in electronic format where possible:

- Name and address of the group and include industry/SIC code
- Current census for each employee:
 - Sex
 - DOB
 - Family composition: (employee only, employee spouse, employee family or employee children)
- COBRA enrollee listing
- Current plan benefits. Has there been any benefit modifications in the last 24 months?
- Proposed plan design if different from current
- Grandfather status
- Experience reports for the past 24 months
 - Employee counts by month
 - Monthly claims broken out in medical, prescription, dental and vision
- Large claim summary during past 24 months to include:
 - Diagnosis
 - Prognosis
 - Patient status: employee or dependent?
- Current vendor/partners
 - Fully insured carrier or TPA
 - Network(s)
 - UR/Case Management
 - Wellness
- Specific deductible requested and plan option (12/12, 12/15
- Aggregate coverage requested
- Coverage effective date
- Proposal due date

Submit proposal request and direct questions to:

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