

Independence Underwriting Partners, LLC www.iupllc.com	Date Submitted:	
	Date Requested:	
	Due Date:	

RFP Data Checklist

Company Overview

Group Name			
Corporate Address			
Industry		SIC Code:	
Eligible Class:	<input type="checkbox"/> Active	<input type="checkbox"/> COBRA	<input type="checkbox"/> Retirees

Attach/Include most current Employee Census:

Employee ID		
Date of Birth		
Gender		
Resident city, state, zip		
Medical/RX plan election (include waivers)		
Medical/RX plan enrollment tier		If multiple plans, include enrollment plan indicator.

Note: Census file must be password protected

Plan Design:	Current	Proposed
Medical plan info		
Pharmacy plan info		
TPA		
Current Network		
Deductibles		

Summary of Benefits Coverage (SBC), Employee Open enrollment communications, Carrier benefits overview

Claim Experience

Aggregate claims & enrollment		
2016		Month to month aggregate claim experience & enrollment
2015		
2014		
Large claim reporting		
High claimant information		50% - 100% reporting for the periods listed
2016		Jan – through most recently completed month
2015		Need full year 2015
2014		Need full year 2014

Note 1: High claim report must include de-identified claimant information, total dollars \$ paid, diagnosis/ICD-10 coding. Additional data would be on a request basis.

Note 2: Where Medical and RX vendors are different, please provide top pharmacy spend by members in excess of the 50% specific deductible as well as RX spend for any medical claimant on the medical 50% report.

Note 3: if group is currently fully insured please provide carrier name, current & prior 1-2 year's premium rates SBC, monthly aggregate claims / enrollment and high claimant report. Between 50 – 100 high claimant report may not be available. Groups below 50 employees: provide premium rate history (current and 2 prior), plan design, renewal. Possible need for individual health statements.

Laser Claims (List Claimants and Laser \$ Amounts – use separate sheet if necessary)

Premium Rates & Factors	Current	2015	2014
Rates	Specific	Specific	Specific
EE			
EE & Spouse			
EE & Child(ren)			
Family			
Composite (if provided in lieu of rate tiers)			
Rates	Aggregate Rate	Aggregate Rate	Aggregate Rate
Composite			
Rates	Aggregate Rate	Aggregate Rate	Aggregate Rate
EE			
EE & Spouse			
EE & Child(ren)			
Family			
Composite (if provided in lieu of rate tiers)			
Broker Compensation	Current	Proposed	
Commission			
Comments			