

Health and Vision Insurance Proposal Checklist

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

Number of **TOTAL** Employees: _____
 Number of **Eligible** Employees: _____
 Number of **Active** Employees: _____
 Number of **Retirees**: _____

Products to Quote:

Health Current Funding Arrangement: Fully Insured Self-Funded

 Deductible Credit Report: Yes No

 HRA/HSA: Yes No Amount \$ _____

 HRA Vendor Name: _____

Vision Employer Sponsored Voluntary

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)	
WEA Trust Health Questionnaire (IC OGC 4102-0716)	
Wage and Tax Form (UC-101) Required for groups with less than 100 enrolled employees.	
Waiver of Premium: Submit list of employees currently on waiver of premium	
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	
Most Recent Current Carrier Bill	
Comments/Strategy/Special Notes:	