

League Health Plan Proposal Checklist

Please submit this completed checklist with the information to your WEA Trust Sales Representative.

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

Products to Quote: Health Vision Retiree Coverage Yes No
Current Funding Arrangement: ASO Fully Insured *Retiree Special Provisions (Note Below)**
Current Commission: _____% PCPM Fee _____
 Number of **Enrolled** Employees: _____ Number of **Eligible** Employees _____

Information required for quoting:	
Complete Census (Age, Gender, Zip Code, Coverage Type) *Preferred Format - Excel	
Current Benefit Description	
Current Rates (If ASO, Need Breakdown of ASO Fees)	
Renewal Information (Rates, Projection)	
Wage and Tax Form (UC-101) Required for Groups with Less than 50 Enrolled Employees.	
Groups with 50 or more employees, include below in addition to information above:	
Claims Experience History by Product (2 Years of Monthly History)	
High Cost Claims >\$25,000 History (by Product, Diagnosis, and Prognosis)	
Enrollment History by Product (2 years of Monthly History)	
Benefit History by Product	
Proposed Benefit Description / Plan Design	
Most Recent Bill from Current Carrier	
NOTE: Most recent claims experience is always preferred over renewal rates on any size group.	
Comments/Strategy/Special Notes:	