

## **REQUEST FOR PROPOSAL CHECKLIST**

### **GENERAL INFORMATION**

- \_\_\_ Name and address of group and any other locations
- \_\_\_ Effective Date
- \_\_\_ Nature of Business ó SIC Code, if known
- \_\_\_ Names of present and prior carriers
- \_\_\_ Current / Proposed Third Party Administrator

### **RFP INFORMATION**

- \_\_\_ Requested specific deductibles, contract type (12/12, 15/12, 24/12, 12/15)
- \_\_\_ Coverage to be included under the specific (rx) and aggregate (rx, den, vis, std)
- \_\_\_ Name of network(s) and # of employees accessing each
- \_\_\_ Requested commissions

### **RATES/FACTORS**

- \_\_\_ Current rates/factors by coverage
- \_\_\_ If available, renewal rates/factors by coverage
- \_\_\_ If fully insured, need premium rates or current month's premium billing

### **CENSUS**

- \_\_\_ Current eligible employees by date of birth/age, gender, dependent status, and zip code. If applicable, indicate active, retirees, COBRA. **(Please provide in excel format.)**

### **PLAN OF BENEFITS**

- \_\_\_ Complete description of current plan with all amendments
- \_\_\_ Benefit network changes in last 3 years
- \_\_\_ Differences between present plan and plan to be self-funded, if any

### **EXPERIENCE**

- \_\_\_ If self insured, monthly paid claims and enrollment for the most recent three policy years
- \_\_\_ If fully insured, paid claims and average enrollment by plan year for the most recent three years
- \_\_\_ Experience should be verified by insurance company reports if possible
- \_\_\_ Large claims information on all claimants that have reached or are expected to reach 50% of the proposed specific deductible. Information should include diagnosis, prognosis, current status (active, term, or COBRA), date paid and dollar amount for the most recent three policy periods

***Please submit RFP to Stephen Bloomberg at [sbloomberg@irc-ohu.com](mailto:sbloomberg@irc-ohu.com)***