

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