

Company Name:

Company Address:

REQUEST FOR PROPOSAL		
DATE DUE BACK:		
NAME OF GROUP:		
LOCATION:		
NATURE OF BUSINESS OR SIC CODE:		
CURRENT CARRIER:		
EFFECTIVE W/ CARRIER:		
FUNDING ARRANGEMENT:		
EMPLOYER CONTRIBUTION (IF ANY):		
CURRENT RATE HISTORY	CURRENT	RENEWAL
EMPLOYEE ONLY:		
EMPLOYEE & CHILDREN:		
EMPLOYEE & SPOUSE:		
EMPLOYEE & FAMILY:		

SPECIFIC AMOUNTS REQUESTED:	
CONTRACT TYPES REQUESTED:	
PPO NETWORK or MRBP REQUESTED:	

REQUESTED BENEFITS: MEDICAL

NOTES:

PLEASE ATTACH THE FOLLOWING DOCUMENTS WHEN EMAILING REQUEST:

1. Current Census in Excel Format: Must have DOB, Gender, Zip, plan (if applicable), and Tier (medical election, i.e. Employee only etc.)
2. Current Benefits
3. Claims Experience 2-3 Years
4. Trigger Diagnosis Claims Details
5. Details On Claims At Or Expected To Exceed 50% Of The Specific
6. Current PPO Savings Report
7. Current Cost Containment Vendors
8. Proposed Cost Containment