



Please provide the following information so we can deliver an accurate quote.
Carriers will not accurately quote for groups 50+ if they have prior coverage and

- Group Name:
- Physical Address:
- City, State & Zip:
- Agent:
- Agent Email:
- Are you the current agent: Yes No
- Nature of Business:
- SIC:
- Requested Effective Date:
- Name of Current Carrier:
- Original Effective Date with current carrier:
- Employer Contribution (list either % or \$ for employee and/or dependent coverage):
- Total number of employees on payroll: Full Time- Part Time-
- Total full time employees in waiting period-
- Length of waiting period 0, 30, 60 or 90 days
- Total waiving due to other coverage-
- Total employees enrolling on COBRA- (Note: should be included and noted on Census if enrolling)

- 1) In the past 12 months, has a claim been submitted in excess of \$10,000?
- 2) Is any treatment expected in the next 12 months for the above amount?
- 3) Are any participants disabled or not actively at work?
- 4) Has any participant been diagnosed as having a high risk condition?
(Examples: Cancer, heart related problems, AIDS, drug abuse, mental & nervous conditions)

	Yes	No
1		
2		
3		
4		

Several attachments need to be sent along with this form. Please attach the following:

- 1. Current Rates
- 2. Renewal Rates
- 3. Current Benefit Summary
- 4. If "yes" was answered for any of the 4 medical questions above, please attach details pertaining to diagnosis and prognosis, date of birth, date of condition onset, and treatment/medication.
- 5. Current Carrier Claim Report (also known as HB2015 report). This report is preferred for groups with less than 50 eligible employees and is required for groups with more than 50 eligible employees.

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Plans for Life, Inc.
Insurance & Business Solutions Group

801 N El Paso St. STE 150
El Paso, TX 79902

Group Medical Required Quotation Documents

6. Excel spreadsheet is required for census information. Include FULL TIME eligible employees on the spreadsheet. Include those waiving due to other coverage and waiving for other reasons. Do not include part time employees. Include Gender, Zip Code, Date of Birth or age, and level of coverage as follows: EO (employee only), EC (employee and child(ren)), ES (employee and spouse), EF (employee and family), WOC (waiving other coverage), WOR (waiving other reasons).

Definition of Valid Waivers - Beginning with 1/1/2014 effective dates, the following will be considered valid waivers due to other enrolled creditable coverage: Other creditable Individual Coverage; Other creditable Spousal Group Coverage; Other creditable Dependent/Child coverage; other creditable Governmental Insurance Coverage such as Medicaid, Medicare, Tribal, High Risk Pool, Tricare/Military, Individual Exchange, SHOP

Once acquired, this information can be e-mailed jesus@plans4life.com or faxed to 888-247-7540. If you have any questions regarding these requirements please call.