

## Large Group Quoting Submission Checklist

### Information Required for Final Rates:

- Total Census of Employees** (*electronic, if possible*) Please be sure to include:
  - Name (if available)
  - Date of birth
  - Gender
  - Zip code of residence (or city)
  - Type of coverage
  - Employment status (FT, PT, Retiree, Medicare, In Probationary Period)
    - For Cobra insured – Include Cobra end date
- Total Number of Employees of All Locations/Subsidiaries Being Insured**
- Employer Contribution toward Health Insurance** (dollar or percentage)
- Carrier History**
  - All carrier names and coverage periods for the past three years
  - Claims experience for the last three years, including prescription claims
    - Large Employer Groups without claims experience will need to submit Employee Health History Addendums for their employees applying for insurance
  - High cost case details for the past three years
  - Current rates
  - Renewal effective date
  - Renewal rates and/or increases for the past three years
  - Current carrier's schedule of benefits
  - Tier design (Single, EE&CH, EE&SP, Family)
- Any Special Segments**
  - Retiree language
  - Union Agreement language
  - Domestic Partner language
  - Leave of Absence provisions

### Finalization of Underwriting:

- Completed Employer Group Application**
- Signed Final Rate Sheets of enrolling plans**