

## Traditional Self-Funded Level Funded

### RFP Form/Email

- o Effective Date
- o Contract Type
- o Deductible Level
- o Due Date
- o In-force Stop Loss Contract
- o Current plan year aggregate report
- o Current plan year 50% report
- o Prior year aggregate reporting
- o Prior year 50% report
- o Complete administrator reporting package to firm
- o Benefit Plans to Quote
- o Current Rates and/or Renewal Rates

### Census File

- o First Name
- o Last Name
- o Date of Birth
- o Gender
- o Zip Code
- o Relationship
- o Tier Election
- o Plan Election (if applicable)
- o Full Home Address (if obtainable)

## Fully insured – No Data

### RFP Form/Email

- o Effective Date
- o Contract Type
- o Deductible Level
- o Due Date
- o Benefit Plans to Quote
- o Current Rates and/or Renewal Rates

### Census File

- o First Name
- o Last Name
- o Date of Birth
- o Gender
- o Zip Code
- o Relationship
- o Tier Election
- o Plan Election (if applicable)
- o Full Home Address (if obtainable)

## Fully Insured – Claims Data

### RFP Form/Email

- o Effective Date
- o Contract Type
- o Deductible Level
- o Due Date
- o Current plan year monthly claims & enrollment data
- o Current plan year large claims data
- o Prior year monthly claims and enrollment data
- o Prior year large claims data
- o Benefit Plans to Quote
- o Current Rates and/or Renewal Rates

### Census File

- o First Name
- o Last Name
- o Date of Birth
- o Gender
- o Zip Code
- o Relationship
- o Tier Election
- o Plan Election (if applicable)
- o Full Home Address (if obtainable)