



MedBen Request for Quote Checklist

MedBen requests the following information in order to process a quotation for stop-loss coverage. Please take a moment to verify that this information accompanies each request for quote. This will ensure a prompt response time and less paperwork for both MedBen and our agents.

Groups That Are Currently Self-Funded	Groups That Are Currently Fully Insured
<input type="checkbox"/> Business Name, Address & Zip Code	<input type="checkbox"/> Business Name, Address & Zip Code
<input type="checkbox"/> All Additional Locations & Zip Codes	<input type="checkbox"/> All Additional Locations & Zip Codes
<input type="checkbox"/> Industry Type & Applicable SIC Codes	<input type="checkbox"/> Industry Type & Applicable SIC Codes
<input type="checkbox"/> Current Census Providing Age or Date of Birth, Gender and Single/Family Designation & Employee Home Zip Code <i>(Please provide in Excel Format)</i>	<input type="checkbox"/> Current Census Providing Age or Date of Birth, Gender and Single/Family Designation & Employee Home Zip Code <i>(Please provide in Excel format)</i>
<input type="checkbox"/> Requested Effective Date of Coverage	<input type="checkbox"/> Requested Effective Date of Coverage
<input type="checkbox"/> Current Reinsurer & Current TPA	<input type="checkbox"/> Current Carrier
<input type="checkbox"/> Current Rates & Factors	<input type="checkbox"/> Current & Renewal Rates <i>(Required on Fully Insured Groups Under 100 Lives)</i>
<input type="checkbox"/> Current Schedule of Medical Benefits	<input type="checkbox"/> Current Schedule of Medical Benefits
<input type="checkbox"/> Current Schedule of Ancillary Benefits <i>(RX, Dental, Vision, STD, LTD, Life)</i>	<input type="checkbox"/> Current Schedule of Ancillary Benefits <i>(RX, Dental, Vision, STD, LTD, Life)</i>
<input type="checkbox"/> Large Claim Information for Any Claim Exceeding \$10,000 or 50% of the Specific. Please Provide Diagnosis, Prognosis And Dollar Amounts.	<input type="checkbox"/> Large Claim Information for Any Claim Exceeding \$10,000. Please Provide Diagnosis, Prognosis and Dollar Amounts. Please note that if claim experience is not available, Individual Medical Questionnaires will be required.
<input type="checkbox"/> Three Years of Paid Claim Experience, Broken Out On A Monthly Basis Along with Monthly Enrollment	<input type="checkbox"/> For Fully Insured Groups With 100 Or More Lives, We Will Require Three Years of Paid Claim Experience. Please note that if claim experience is not available, Individual Medical Questionnaires will be required.
<input type="checkbox"/> Current Specific Deductible	
<input type="checkbox"/> Current Specific & Aggregate Contract Type	
<input type="checkbox"/> Coverages Included Under the Specific & Aggregate	
<input type="checkbox"/> PPO Networks Utilized	

Once you've completed this checklist, please e-mail to MedBen Proposal Manager Kelly Hahn at khahn@medben.com or fax to her attention at 740-522-8760. If you have any questions, contact her via e-mail or by calling 800-423-3151, ext. 366.