Request for Proposal Company Profile

Today's Date: _____ Requested Effective Date: _____

Group Name: _____

Group Address: _____

Key Contact: _____ Tax ID#: _____

Eligible Employees: _____ # Enrolling Employees: _____

Industry/SIC#: _____ Employer Contribution %: _____

Current Carrier: _____ Years with Current Carrier: _____

Current Network: _____ Claims Data Available? _____

Circle One

Initial *Rates:*

- Company Profile to be completed in full
- Census to reflect ALL eligible employees to include waivers
- Copy of current enforce plan outline(s) and rates

Final Rates:

- Company Profile to be completed in full
- Census to reflect ALL eligible employees to include waivers
- Employee/Member Health Application Form / Online Version to be completed in full
  - For Employers of 100+ EEs, 2 years of claims data and premium history in lieu of health applications including large claim data.

Medova Internal Use

Employee Census Sheet:	Yes	No	Date:
Plan Design Summary:	Yes	No	Date:
Current Rates/Pricing:	Yes	No	Date:
Renewal Rates/Pricing:	Yes	No	Date:
Monthly Premium Statement:	Yes	No	Date:
Large Claim / Claim History:	Yes	No	Date:

DENTAL BENEFIT PLAN:

Dental Plan Currently Offered: Yes / No
Current Carrier: _____
Current # Covered by Vision Plan: _____
Employer Paid: Yes / No / Partial
Renewal / Effective Date: _____
Plan(s) Benefit Summary Provided: Yes / No Date:_____
Monthly Premium Statement Provided: Yes / No Date:_____
Renewal Quote Provided: Yes / No Date:_____

VISION BENEFIT PLAN:

Vision Plan Currently Offered: Yes / No
Current Carrier: _____
Current # Covered by Vision Plan: _____
Employer Paid: Yes / No / Partial
Renewal / Effective Date: _____
Plan(s) Benefit Summary Provided: Yes / No Date:_____
Monthly Premium Statement Provided: Yes / No Date:_____
Renewal Quote Provided: Yes / No Date:_____

LIFE INSURANCE BENEFIT:

Life Insurance Benefit Currently Offered: Yes / No
Current Carrier: _____
Current # Covered under Life Ins Plan: _____
Employer Paid: Yes / No / Partial
Renewal / Effective Date: _____
Plan(s) Benefit Summary Provided: Yes / No Date:_____
Monthly Premium Statement Provided: Yes / No Date:_____
Renewal Quote Provided: Yes / No Date:_____

DISABILITY INSURANCE BENEFIT:

Disability Ins. Benefit Currently Offered: Yes / No
Current Carrier: _____
Employer Paid: Yes / No / Partial
Renewal / Effective Date: _____
Plan(s) Benefit Summary Provided: Yes / No Date:_____
Monthly Premium Statement Provided: Yes / No Date:_____
Renewal Quote Provided: Yes / No Date:_____