

Send RFPs to rfp@customdesignbenefits.com

Thank you for the opportunity to provide this proposal. Furnishing **ALL** the information and items below will facilitate a timely and accurate response from Custom Design Benefits.

Information about the Broker		Information about the Group	
<ul style="list-style-type: none"> ✓ Agency/Producer Name ✓ Phone Number ✓ Producer Email Address 	<ul style="list-style-type: none"> ✓ Agent of Record (Yes or No) ✓ Broker Compensation (PEPM) 	<ul style="list-style-type: none"> ✓ Name of Group ✓ Complete Mailing Address ✓ Total Number of Employees 	<ul style="list-style-type: none"> ✓ Effective Date ✓ Industry or SIC Code ✓ Tax ID
Information Required for the RFP			
<ul style="list-style-type: none"> ✓ Current Administrator/Carrier (If TPA, provide network utilized and Stop-Loss carrier) ✓ Current Plan Designs and historic plans if major benefit changes have been occurred ✓ Census MUST INCLUDE: DOB, Gender, Plan Election (if more than 1 plan is offered), Coverage Election (single, EE+1, etc.), Home Zip Code. For LEVEL-FUNDED quote, census must be at MEMBER level. Groups must have minimum of 50 enrolled on the medical plan for both partially self-funded and level-funded arrangements. 			
Type of Quote Requested: <input type="checkbox"/> TrueCost <input type="checkbox"/> Traditional <input type="checkbox"/> National Network: CIGNA		Type of Stop Loss Requested <input type="checkbox"/> Spec & Agg <input type="checkbox"/> Level Funded	
Fully Insured – Less than 100 employees	Fully Insured – More than 100 employees	Self-Funded – With Carrier	Self-Funded – With TPA
<ul style="list-style-type: none"> ✓ 3 years of fully insured premiums ✓ HR Risk Questionnaire ✓ Individual Health Statements signed within 90 days of the effective date (any carrier as long as forms provide detailed medical questions) ✓ Renewal from carrier (when available) ✓ Does employer fund HSA or HRA? If yes, provide details. If HRA, provide utilization reports ✓ FOR LEVEL-FUNDED PROSPECTS - groups under 100 enrolled, option to firm without health statements could be available - check with your Sales Manager 	<ul style="list-style-type: none"> ✓ 3 years of fully insured premiums ✓ 36 months of monthly claim data with monthly enrollment ✓ 36 months of Large Claimant Reports with diagnosis; run with time frames consistent with the monthly reports <ul style="list-style-type: none"> » Large Claim reports should be provided in 12 month increments ✓ Renewal from carrier (when available) 	<ul style="list-style-type: none"> ✓ 36 months of monthly claim data with monthly enrollment ✓ High Cost Claimant report for current policy year and prior two policy years. ✓ PPO Networks, PBMs, and Stop-Loss carrier utilized ✓ Current Administrative Fees and Services included ✓ Renewal from carrier (when available) ✓ Current / Renewal Stop-Loss contract type, deductible, and rates 	<ul style="list-style-type: none"> ✓ 36 months of monthly claim data with monthly enrollment ✓ High Cost Claimant report for current policy year and prior two policy years ✓ Case Management Reports on large claimants esp. Cancer, Renal Dialysis, Transplant status, Heart Conditions ✓ Current admin fees, stop loss contract type, deductible, and rates (e.g. is medical/Rx covered under current?) ✓ Renewal stop loss contract type, deductible, and rates when available ✓ PPO Networks, PBMs, and Stop-Loss Carrier utilized and rates charged

Helpful Hints

- Explanations of large increases or decreases of claims or members from one year to the next.
- Obtaining details on Large Claimants who are no longer on the plan, whose treatment is complete, where COBRA will expire during plan year or when Medicare will be primary are all details that can help your CDB quotes be more competitive.
- Details and policy information on any in-force riders, such as transplant, which may impact our proposal.