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REQUEST FOR PROPOSAL
Group Currently Full Insured

Group Name:

Address:

Additional Locations (please list all with zip codes):

Nature of Business:

Renewal Date:

Requested Quote Return Date:

Current Carrier:

PPO Network:

Information Needed:

- **Employee Census:** of plan participants from current year showing name, sex, date of birth and type of coverage (single, family), zip code, in Excel if at all possible. COBRA participants should be indicated as such if the plan offers multiple PPO networks, the census should indicate the network each member has enrolled in. If the are retirees covered on the plan please indicate them on the census.
- **Plan Design:** if there are multiple plans for employees to choose please indicate on the census who is on which plan.
- **Rate History:** Prior Year Rates, Current Rates and Renewal if available.
- In order to get firm rates carriers require a disclosure statement and an application for most groups under 50 employees.
 - Most all carriers will accept the State of Wisconsin Universal Application in lieu of their application.
- How would the agency like to be paid i.e. flat fee schedule, % of stop loss etc.

If the group does not have a plan in place today please submit a complete census and proposed outline of benefits. Firm rates a will depend upon submission of a disclosure statement and potentially health applications.