

REQUEST FOR PROPOSAL

V032022

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Date Due Back: Name of Group:

Location:

Nature of Business or SIC Code:

Effective with Carrier:

Funding Arrangement:

Employer Contribution (if any):

Current Rate History

	Current	Renewal
Employee Only		
Employee & Children		
Employee & Spouse		
Employee & Family		



Additional Requests

Specific Amounts Requested	
Contract Types Requested	
PPO Network or MRBP Requested	

Requested Benefits: Medical

Notes



Please attach the following documents when emailing request:

1. Current Census in Excel Format: Must have DOB, Gender, Zip, plan (if applicable), and Tier (medical election, i.e. Employee only etc.)
2. Current Benefits
3. Claims Experience 2-3 Years
4. Trigger Diagnosis Claims Details
5. Details On Claims At Or Expected To Exceed 50% Of The Specific
6. Current PPO Savings Report
7. Current Cost Containment Vendors
8. Proposed Cost Containment