

REQUEST FOR PROPOSAL

v062022

Producer/Broker Agency:	P	Producer Contact/Agent:		
Address:	City:	State:	Zip:	
Date Due Back:	Name of Group:			
Location:				
Nature of Business or SIC Code:				
Effective Date:				
Current Carrier:				
Current Funding Arrangement:				
Terms or Bid Specs				
	Current	R	equested/Proposed	
Specific Deductible				
Contract Types Requested				
Aggregate and Spec or Spec Only				
Additional Terms: Agg Spec, Spec TLO, Agg Accommodation, Agg TLO				
Medical and Ry or Medical				

Only

	Current	Requested/Proposed
ASO/TPA		
PPO Network or RBP		
Pharmacy Benefit Manager		
Cost Containment Vendor(s)		
OT Carve Out Policy		

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Current Rate History

(Include spec rate, aggregate premium rate and factor or fully insured rate, if applicable)

	Current	Renewal
Employee Only		
Employee/Spouse		
Employee/Child		
Family		
Requested Commissions (if a		

Please attach the following documents when emailing request:

- 1. Current Census in Excel Format: Must have DOB, Gender, Zip Code, Dependent tier status (S, ES, EC, F), Coverage by Plan (if applicable), and indication of Active, Retiree, or Cobra Status
- 2. Monthly claims & enrollment for the current and 2 prior plan years
- 3. Current Benefits

- **4.** Large claim reporting for the current and 2 prior plan years identifying all claimants who have breached 50% of the current Specific Deductible with diagnosis information
- **5.** Identify any claimant who was set at a higher group deductible during the current and/or prior 2 plan years
- 6. Current PPO and/or cost containment savings report

- ✓ Please send completed RFP's to: rfps@vistaunderwriting.com
- ✓ Questions please contact your sales rep or our main office at 610-566-1666

[&]quot;Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."