Group Plan Solutions
Benefit Administration
A Division of Pekin Insurance®

GROUP PLAN SOLUTIONS
2505 Court Street • Pekin, Illinois 61555
www.groupplansolutions.com
888-301-0747

SELF FUNDING REQUEST FOR QUOTE

Requestor Information

Name:		Company or Agency/Firm:	
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	

Company Information

Company Complete Legal Name:		Tax ID Number:	
Address:			
Contact Name:			
Email:	Phone:	Fax:	
SIC Code/Nature of Business:			
Affiliates/Sub Divisions:			
Name:			
Address:			
State:	City:	Zip:	Number of Employees:
Name:			
Address:			
State:	City:	Zip:	Number of Employees:
Name:			
Address:			
State:	City:	Zip:	Number of Employees:

Quote Details

Effective Date:	Commission:
Specific Deductible Level:	Benefits Covered: Medical____ RX ___
Contract Type: 15/12 ____ /12 ____ /15____ Other ________	
Aggregate Deductible Level:	Benefits Covered: Medical____ RX ___ Dental___ Vision ___
Contract Type: 12/12 ____ /12 ____ /15____ Other ________	
Total Number of Eligible Employees:	
Coverage (Mark All That Apply): Active Full-time___Part-time/Seasonal ____Retiree____Other (_____)	
List Class of Employee Not Eligible For Coverage:	
Effective Date of Coverage:	(Same For All Classes?: Yes___ No ___)
Waiting Period:	
Termination Date of Coverage: Immediate____ End of Month _____ Other ________	
Number of COBRA Participants:	Number of COBRA Participants In Waiting Period:
Network:	

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Please Include For a **Traditional** Stoploss Quote:

- **Benefit Design** (Current and proposed) (Plan document or Summary Plan of Benefit)
- **Rate History** If self funded, provide the (2 year) prior carrier's information including:
  - Funding Factors
  - Specific Deductible
  - Contract
  - Type
  - Benefits covered and commission level, if any
- **Census Information** (In Electronic Form Only)
  Excel listing of all plan participants that includes:
  - Date of Birth
  - Sex
  - Relationship
  - Status (Active, Retiree or COBRA)
  - Zip Code
  - Multiple Plans offered – Identify plan elected
  - Coverage Type (i.e. single, ee/sp, ee/ch, fam)
  - Identify Safety Employee's if applicable (i.e. Police, Fire, Ambulance, Security, etc)
- **Claim Information**
  - Claim History for two (2) years prior and current year-to-date
  - Monthly paid claims by benefit (Agg report)
  - Large Claim (Specific report)
  - Members that reached 50% or more of the specific deductible
  - Detailed reports with Diagnosis and Medical Management Evaluation
  - Trigger Diagnosis Report

Please Include For an **Integrated** "Aggregate Only" Stoploss Quote:

- **Benefit Design** (Current and proposed) (Plan document or Summary Plan of Benefit)
- **Rate History**
  - If currently fully insured and claims information is not available, please provide information on the premiums paid or premium verse claims reports. Renewal rate required
  - Benefits covered and commission level, if any
- **Census Information** (In Electronic Form Only)
  Excel listing of all plan participants that includes:
  - Date of Birth
  - Sex
  - Relationship
  - Status (Active, Retiree or COBRA)
  - Zip Code
  - Multiple Plans offered – Identify plan elected
  - Coverage Type (i.e. single, ee/sp, ee/ch, fam)
  - Identify Safety Employee's if applicable (i.e. Police, Fire, Ambulance, Security, etc)
- **Claim Information**
  - Claim History for two (2) years prior and current year-to-date
  - Monthly paid claims by benefit (Agg report)
  - Large Claim (Specific report)
  - Members that reached 50% or more of the specific deductible
  - Apps if available