

Request for Quote



Group information

- Effective date and due date
- Group name
- Group location (ZIP code required)
- Nature of business
- Number of years in business
- Employer contribution: Employee Dependent

Census information

- Total number of employees
- Total number of active eligible employees
- Identify COBRA enrollees
- Identify retirees
- Identify carveout class (if applicable)
- Date of birth / gender
- Home ZIP codes for each member (if available)
- Identify dependent status (tier)
- Identify total number of dependents (if available)

Plan and rates information

- Name of current carrier(s)
- Attach copy of benefit summaries, or list copayment and deductible information
- Current rates and renewal rates (required)
- Carrier history
- Experience / claims data

Broker information

- Name of broker and brokerage
- Address, phone and fax numbers
- Broker of record: Yes No
- General agency (if applicable)

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