



PO Box 7777
Lancaster, PA 17604-7777
800-433-3746
717-581-6529 - Fax

Data Requirement – RFP

1. Full name of group and all affiliates and subsidiaries to be covered
2. Addresses of each location and the number of lives at each location
3. SIC Code
4. Census, preferable in Excel. Include the following
 - a. Date of birth
 - b. Dependent coverage status (Single, parent/child, employee/spouse, etc.)
 - c. Home zip code
 - d. If more than one plan offered, indicate chosen plan
5. Contract type 12/12, 12/15, other
6. Specific Deductible
7. Current plan design (Attach copy)
8. Proposed effective date
9. Name of current carrier
10. Broker compensation requested

If Currently Fully Insured

1. Experience - Paid premiums vs. paid claims (if available)
2. Rate history for the past 3 years (Attach carrier renewals)
3. Any large or potential large claims, over \$20,000

If Currently Self-Funded

1. TPA Name
2. Aggregate Report
3. Claims . most recent 2 years
4. Enrollment . 2 years
5. Attach Renewal (if available)
6. Current administrative fees

Quote requests can be sent to David O'Shea at doshea@significabenefits.com or Steve Shirk at sshirk@significabenefits.com