

## LARGE GROUP INFORMATION FORM (Request For Proposal)

### 1. Group Information

Group Name \_\_\_\_\_ Anniversary Date \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_  
 Contact \_\_\_\_\_ Nature of Business (SIC code) \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Current Carrier \_\_\_\_\_ # Years \_\_\_\_\_ Previous Carrier \_\_\_\_\_ # Years \_\_\_\_\_

### 2. Broker Information

Broker Requesting Quote \_\_\_\_\_ Commission Required \_\_\_\_\_ Quote Needed By \_\_\_\_\_  
 Appointed With Altius?  Yes  No Broker of Record?  Yes  No Email \_\_\_\_\_

### 3. Employee Breakdown

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| Total Employees _____       | Waiving With Coverage _____ | Cobra Participants _____    |
| New Hires _____             | Waiving—No Coverage _____   | Cobra Election Period _____ |
| Part Time _____             | <b>Total Waiving</b> _____  |                             |
| <b>Total Eligible</b> _____ | Currently Enrolled _____    |                             |

Who of the following will the group cover?

Early Retirees  Retirees  Board Members  Owners  1099 Employees  Domestic Partners  None

### 4. Employer Contributions (%)

|                     | Single | 2 Party | Family |
|---------------------|--------|---------|--------|
| Regular—Active (FT) | _____  | _____   | _____  |
| Other _____         | _____  | _____   | _____  |

### 5. New Hire Waiting Period

1<sup>st</sup> of the month following \_\_\_\_\_ days  
 Other \_\_\_\_\_  
 Eligibility Definition: \_\_\_\_\_

### 6. Renewal Action

|              | % Change | Benefit Changes (if any) |
|--------------|----------|--------------------------|
| Current      | _____    | _____                    |
| Prior Year 1 | _____    | _____                    |
| Prior Year 2 | _____    | _____                    |

How many times has the group switched carriers in the last 5 years? \_\_\_\_\_

### 7. Benefits Desired

Sole Source  Dual Choice

Match current benefits?  Yes  No

If no, do you want to discuss benefit structures with an Altius Representative?  Yes  No

### 8. Service Area

Are the employees located in the Altius service area(s)  UT  WY  ID  No

UTAH: Beaver, Box Elder, Cache, Carbon, Daggett, Davis, Duchesne, \*Emery, Garfield, \*Grand, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, San Juan, Salt Lake, Sanpete, Sevier, Summit, Tooele, Uintah, Utah, Wasatch, Washington, Weber, Wayne

WYOMING: Lincoln, Uinta, Sweetwater, Sublette

IDAHO: Ada, Canyon, Elmore, Bonneville, Bingham, Bannock, Bear Lake, Caribou, Franklin, Oneida, Power

**If no, please send a list of those residing out of the service area including their zip** \*Partial County

### 9. Submission Checklist

- |   |  |
|---|--|
| <input type="checkbox"/> This form or one with equivalent information   | <input type="checkbox"/> Copy of renewal action (letter from current carrier)  |
| <input type="checkbox"/> Risk evaluation form—unless statements of health are supplied or two years of claims experience  | <input type="checkbox"/> Copy of most recent billing statement   |
| <input type="checkbox"/> Census with all eligible (not enrolled) employees that includes age, sex, family status, date of hire, work status (FT vs. PT), coverage status, and zip codes | <input type="checkbox"/> Copy of current benefits  |
|   | <input type="checkbox"/> Both 2 Years of month by month membership & broken out claims experience (e.g. outpatient, inpatient, pharmacy)—for groups >= <u>100 eligible employees</u> |

Signature \_\_\_\_\_ | Title \_\_\_\_\_ | Date \_\_\_\_\_