

Large Group Data Summary Medical

Date Submitted _____ Date Needed _____ Effective Date Requesting _____
 Current Contract Renewal Date _____ Sales Rep. _____ Ph# (____) _____
 Company Name _____ Broker _____ Ph# (____) _____
 Street Address _____
 City _____ State _____ ZIP _____

ATTACHMENT CHECKLIST

- Groups with less than 100 enrollees must provide all of the following:
- Group Health Risk Evaluation
 - Current Plan Summary of Benefits
 - Prior Month's Insurance Billing
 - *Current Census (enrolled + not enrolled specified)
 - Rate History (past two years)
 - Experience Reports (if available)

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*Census **must** include age or date of birth, gender, and tier

SUMMARY OF EMPLOYEES

	In Area	Out-of- Area	Total		In Area	Out-of- Area	Total
Eligible Employees	_____	_____	_____	Have Signed Waivers of Coverage	_____	_____	_____
Currently Covered on Plan	_____	_____	_____	In New-Hire Waiting Period	_____	_____	_____

ELIGIBILITY GUIDELINES

Minimum Hours Per Week _____ New Employees are covered on _____ of month following _____ days/months of employment
 Employee's Coverage Terminates on Date of Termination End of Month
 Are retirees covered? Yes No If yes, please attach retiree policy.
 Does this group have a rehire policy? Yes No If yes, please attach rehire policy.
 Does this group have a leave policy? Yes No If yes, please attach leave policy.
 Waiting periods for dental benefits, if applicable _____

SelectHealth allows 60 days for non-FLMA leave and does not include any provisions for rehires.

COMPANY INFORMATION

Current Funding Method: Fully Insured Partially Insured Self Funded**
 Requested Funding Method: Fully Insured Partially Insured Self Funded (Group must have 200 or more enrollees)
 Current Carrier/Administrator 5+yr 4yr 3yr 2yr 1yr _____
 Prior Carrier/Administrator 5+yr 4yr 3yr 2yr 1yr _____
 Description of Industry or Service Provided (SIC Code) _____

Current Medical Rates:

Employee \$ _____ Employee + Spouse \$ _____ Employee + Child(ren) \$ _____ Employee + Child \$ _____ Family \$ _____

Employer Contributions:

Employee % _____ Employee + Spouse % _____ Employee + Child(ren) % _____ Employee + Child % _____ Family % _____

Proposed Renewal Increase % _____ Match Current Benefits? Yes No

**Groups that are currently self funded must provide:

- Group Health Risk Evaluation Current Census Funding Data Sheet Form
- 24 Most Recent Months of Experience Current Plan Summary of Benefits

Comments _____