SUBMISSION CHECKLIST
FOR SELF-FUNDED PROPOSALS

GROUP SUBMISSION REQUIREMENTS

Minimum of 50 employee lives for quoting purposes

Indicate if you are the current agent

Health Cost Solutions requires the following items in order to provide the most competitive quotes (electronic submission is preferred):

• Name and address of group
• Effective date
• Date due to broker/client
• Broker contact name, email address, phone number and mailing address
• Requested broker commission and/or broker fee
• Benefit plan—current and proposed
• Current and recommended PPO network(s)
• If multiple locations, provide location zip codes and number of employees in each location
• Current rates and factors or fully insured rates
• Current and requested specific deductible(s) and contract basis for specific and aggregate
• Most recent 24 month period claims experience shown monthly including monthly enrollments and/or aggregate reports
• Employee census with coverage type date of birth, employee zip code and gender. COBRA and retirees must be identified on the census. This MUST be submitted electronically—Excel format preferred
• Census should include a breakdown of employees indicating their current participation in each plan or PPO when requesting different plan options or multiple PPO networks
• Most recent 12 months of shock or large claim (over $25,000 per person) information with diagnosis, prognosis and amount paid (prior year, if available)
• Product lines to be quoted (i.e. Life, Dental, STD)

PLEASE SEND SUBMISSIONS TO:
Proposals@hcsbenefits.com
100 Bluegrass Commons #200, Hendersonville, TN 37075
Phone: 615.590.1217   Toll-free: 800.526.3919
Fax: 615.822.9565