

Reign Insurance Financial Services

Please allow 5 - 12 business days for Aetna, Blue Cross, & Health Net quotes

Instructions

Thank you for giving us the opportunity to quote your insured/prospect. We know you have several options for receiving quotes, and promise to do our best in fulfilling your request. For the experienced broker, this form may be more than you need, but for those brokers who may feel a bit overwhelmed by the 50+ marketplace, we hope this form makes you feel more confident.

Employee Name is recommended for Blue Cross Flexscape (51 to 99) quotes. Because this plan is age rated, having the employee's name will make your job easier when presenting the various plan options available to the group, and each employee. We prefer Date of Birth to age. We have found Date of Birth will give a more accurate quote. Dependent Coverage tells the insurance company who is to be quoted. If an employee is single, or married, but does not want Dependent Coverage, he needs to be listed as EE (employee only). Respectfully, if he wants his spouse to be covered, he should be listed as ES (employee + spouse). This also applies for child(ren) EC (employee + child or children), and family coverage EF (employee + spouse + child or children).

We need to know the Employee Zip Code. Many carriers are rating employees on where they live. Part-time employees, less than 30 hours, should not be listed, unless you are requesting a Blue Cross Flexscape (51 to 99) quote and the employer is extending coverage to all part-time employees.

In the Type column, please let us know if the employee is enrolling on the plan (E), on COBRA (C), waiving coverage because of other group coverage (W), declining group coverage (D), Part-time for Blue Cross Flexscape (51 to 99) only (PT), or if employee is in their waiting period (WP). This will help us determine participation that is required by the insurance company.

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We also need to know which Medical Plan, HMO/PPO/POS/Kaiser, the employee is currently enrolled in. Since most quotes are done on a composite rate, we need this information to accurately prepare a quote.

If you are requesting a Dental quote, we need to know the plan type and Dependent Coverage requested. If you would like a Short Term Disability (STD) and Long Term Disability (LTD) quote, please complete the Job Title and Salary information. You can also use the Salary column if you would like us to quote life insurance for your group based on Salary. If you do not want a STD/LTD or Salary based life insurance quote, you can leave the last two columns blank.

The attached health questionnaire needs to be completed, and if you are a broker in Northern California, you will also need to complete the additional questions for Aetna and Health Net.

Again, thanks for giving us the opportunity to quote your insured/prospect. And feel free to email us at anthony@reigninsurance.com, or call us at (310) 348-8129 for Anthony Nguyen. FAX: (310) 774-3921

Date

REQUIRED IN ORDER TO PROCESS QUOTE

Broker Information

Producer Name:

Broker Firm Name:

Broker Address:

Broker Phone #:

Return quote to:

anthony@reigninsurance.com

Broker Fax#:

Broker of Record?

Yes

No

Group Information

Name of Group:

Address:

City:

DBA:

Nature of Business:

Years in Business:

of Eligible Employees:

Zip Code:

Phone #:

SIC:

Effective Date:

Waiting Period:

Medical Information

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5 Year Carrier History

	Carrier Name	Type of Coverage	Period Insured or # of Years
1)			
2)			
3)			
4)			
5)			

If Kaiser is Present: Kaiser Will Remain Total Replacement

Employer Contribution*

	HMO	PPO
Employee	%	%
Dependents	%	%

* Minimum Employer Contribution is 75%

Current Rates

	HMO	PPO	Kaiser
EE	\$	\$	\$
EE+SP	\$	\$	\$
EE+CH	\$	\$	\$
FAM	\$	\$	\$

Renewal Rates

	HMO	PPO	Kaiser
EE	\$	\$	\$
EE+SP	\$	\$	\$
EE+CH	\$	\$	\$
FAM	\$	\$	\$

Current Benefits - PLEASE ATTACH

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Plans to be Quoted:

MEDICAL

- HMO PPO HSA
 POS HMO/POS HMO/PPO

Rate Tier Requested: 3 4

LIFE

Amount: Basis: _____

DENTAL

Current Carrier:
 Current Benefits: **PLEASE ATTACH**
 Current Rates:
 Requested Benefits:

VISION

Current Carrier:
 Current Benefits: **PLEASE ATTACH**
 Current Rates:
 Requested Benefits:

STD/LTD

Current Carrier:
 Current Benefits: **PLEASE ATTACH**
 Current Rates:

- 1) Has any insured received medical benefits in excess of \$15,000 in the last 12 months?
 If **YES**, please provide details: _____

- 2) Are there any disabled participants?
 If **YES**, please provide #: _____

- 3) Are there any catastrophic or other serious medical conditions, pregnancies, or coverage of members not actively at work or currently hospital-confined?
 If **YES**, please provide details: _____
 # of pregnancies: _____

- 4) Are all employees covered by workers' compensation insurance?
 If **NO**, please provide # not covered: _____

- 5) Has any owner or principal filed bankruptcy within the past seven (7) years, or known to be planning to file bankruptcy?

- 6) Does the employer reimburse employees for any part of their normal out of pocket costs (copays, deductibles, coinsurance, etc.)?
The group may not self-insure any part of the employees normal out of pocket costs or provide any type of "GAP Insurance".

- 7) Domestic Partner Coverage included?

- 8) Reason for shopping: Market check Unhappy w/ rates Unhappy w/benefits
 Other:

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Group: _____

Broker: _____

#	Employee Name	Date of Birth	Sex M/F	Dependent Coverage EE/ES/EC/EF <u>OR</u> EE/EE+1/EE+2 <u>OR</u> EE/EF	Employee Zip Code	Type* see footnote	Medical Plan HMO/PPO/ POS Kaiser	Dental DMO/PPO Indemnity	Dependent Coverage EE/ES/EC/EF <u>OR</u> EE/EE+1/EE+2 <u>OR</u> EE/EF	Job Title STD/LTD	Salary STD/LTD
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* "E"=Enrolled, "C"=Cobra, "W"=Waiver, has other coverage, "D"=Decline, does not want or has Individual coverage, "P/T"=Part-time, "WP"=In Waiting Period

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Reign Insurance Financial Service
Large Group RFQ

HEALTH NET - NORTHERN CALIFORNIA GROUPS

Incumbent carrier offers self-funded or partially self-funded arrangements?	Yes No
Employer requests non-standard eligibility.	Yes Request represents change from inforce coverage. Yes Details on inforce coverage unknown. No Health Net standard eligibility applies. Yes Request matches inforce coverage.
RFQ or enrollment history indicates recent or expected layoffs or reduction in eligible employee count.	Yes No
RFQ requests alternative plan designs which differ significantly from incumbent plans and represent either an increase or decrease to benefit levels for major services.	Yes We are not quoting benefits matching incumbent. No Plans offered represent similar benefits to incumbent with slight variation. Yes However, we are also quoting matching benefits and will include enrollment assumptions in formal proposal.
There are eligible employees working outside the United States (excluding standard business trips of no > 10 consecutive working days).	Yes No Unknown
The employer group has a low to average rate of employee turnover.	Yes No Turnover is above average. Unknown
Employee eligibility is subject to seasonal fluctuation.	Yes No Unknown
If the employer contribution is less than 100% employer paid for employees, there is at least 75% employee participation in the proposed plan(s).	Yes No Unknown Census provided and RFQ didn't provide enough details to assess participation. Formal proposal will include contingency tied to participation assumptions being no less than Health Net standard.
Number of retirees	_____
Number of Out of State or Country	_____

AETNA - NORTHERN CALIFORNIA GROUPS

Corporate Structure	Corporation, Assoc., Gov't, Union/Taft-Hartley, Peo, Church, Coalition, Health system, Partnership, School, Sole Proprietorship, University
# Union Eligible	_____
Definition of Non-Student Dep	To Age: 18 19 20
Definition of Student Dep	To Age: 23 24 25
# of Retirees	<age 65: _____ > age 65: _____
# of International EE's	_____
Current Funding	Fully Insured, Minimum Premium, Self-Funded