

# Fully Insured Quoting Checklist



**Please note:** Providing all listed info will cover all scenarios, however not all situations require all listed documents. Please consult your Large Group - Level Funded Rating Analyst for group specific requirements.

## Group Information

Group Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
FTE: \_\_\_\_\_ Eligible: \_\_\_\_\_ Enrolled: \_\_\_\_\_ Requested Due Date: \_\_\_\_\_  SIC Code: \_\_\_\_\_  
 HQ Address: \_\_\_\_\_  Employer Contribution: \_\_\_\_\_  
Sales Executive: \_\_\_\_\_  Current Funding Type: \_\_\_\_\_

## Current Carrier Information

*Required*

- Current Rates
- Monthly Claims Experience
- Renewal Rates
- Large Claimant Experience
- Detailed Benefit Summaries

## Census Data-Employee and Dependents

*Required*

- Relationship
- Gender
- First & Last Name
- Home Zip Code
- Date of Birth
- Employees Elections (Waivers included)

## Additional Underwriting Requirements – Carrier Specific

*Required-Situational*

### Aetna (100+ FTEs)

- If Large Claims are not available, provide a Group Risk Questionnaire (Will accept other carrier Risk Questionnaire)
- Plan Selections on Census
- Requested Broker Commission

### Kaiser Permanente (100+ FTEs)

- Group Risk Questionnaire (Will accept other carrier Risk Questionnaire)
- If group is currently Self-Funded, 3 years claims experience
- If group is currently Fully-Insured, claims experience is only required if more than 250 lives

### United Healthcare (100+ FTEs)

- Tax ID Number
- Full Renewal

### Anthem (100+ FTEs)

- Risk Assessment Form
- Length with Current Carrier

### Cigna (100+ FTEs)

- If claims experience is not available, dependent level data must be provided on the census

### Humana (100+ FTEs)

- Risk Assessment Form (Only needed if no claims experience)
- Plan Selections on Census
- Indicate COBRA/Retirees on census provided

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