

TX Level Funded Quoting Checklist



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 Detailed Benefit Summaries
 Renewal Rates Monthly Claims Experience*
 Full Renewal* Large Claimant Experience*
 Employer Contribution (EE & Dependents)
**Only required if group is currently level funded, self funded, or large group fully insured.*

Census Data-Employee and Dependents

Required

Dependent Level Data Home Zip Code
 Relationship Plan Selections
 First & Last Name Employees Elections (include waivers)
 Date of Birth Indicate if Active/COBRA/1099/Retiree/Seasonal
 Gender

Additional Underwriting Requirements – Carrier Specific

Required-Situational

Cigna Level Funded (25 enrolled to 250 eligible)

101+: Dependent Data*
(required if claims are not available)

Bright Health – Level Funded (25+ enrolled)

IMQs (Fully Insured, Level Funded 10-49 enrolled)
 Claims Information (2 years)

Insurgency Benefits - Protect Plans (25+ enrolled)

IMQs

Insurgency Benefits - Secure Plans (10+ enrolled)

IMQs (10-49 enrolled)

Insurgency Benefits – Defend Plans (10+ enrolled)

IMQs (10-49 enrolled)

Humana LFP (5 enrolled to 100 FTEs)

IMQs (5-9 enrolled)

UHC - All Savers (5 enrolled to 100 enrolled)

Tax ID Number
 Employee Applications*
(5-19 enrolled or virgin group)
 Certification Form*
(if using other carrier application)

National General (2 enrolled to 50 eligible)

IMQs

Assured Benefit Administrators (5+ enrolled)

IMQs (5-50 enrolled)

**Required if corresponding criteria is met.*

Send quote request to TXAlternateFunding@warnerpacific.com

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