

Level Funded 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

- | | |
|--|---|
| <input type="checkbox"/> Current Rates | <input type="checkbox"/> Detailed Benefit Summaries |
| <input type="checkbox"/> Renewal Rates | <input type="checkbox"/> Monthly Claims Experience* |
| <input type="checkbox"/> Full Renewal* | <input type="checkbox"/> Large Claimant Experience* |
| <input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> Dependent Level Data | <input type="checkbox"/> Home Zip Code |
| <input type="checkbox"/> Relationship | <input type="checkbox"/> Plan Selections |
| <input type="checkbox"/> First & Last Name | <input type="checkbox"/> Employees Elections (include waivers) |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Indicate if Active/COBRA/1099/Retiree/Seasonal |
| <input type="checkbox"/> Gender | |

Additional Underwriting Requirements – Carrier Specific

Required-Situational

Aetna (5 enrolled to 100 FTEs)

- Employee Applications*
(5-24 enrolled or virgin group; 5-14 enrolled if group is currently level funded)

Cigna (20 enrolled to 250 eligible)

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

Humana (5 enrolled to 100 FTEs)

- Employee Applications*
(5-9 enrolled)

Anthem (10+ enrolled)

- Risk Assessment Form
 Employee Applications*
(required for virgin group)

UHC All Savers Alternate Funding (10 enrolled to 300 enrolled)

- Tax ID Number
 Employee Applications*
(virgin groups)
 Certification Form*
(if using other carrier application)

**Required if corresponding criteria is met.*

Send quote request to COLargeGroup@warnerpacific.com

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