Idaho Proposal Request: Fully-Insured (Large Group 51-99)

Group Name _____ Effective Date _____ Deadline _____

Group Physical Address _____

City _____ State _____ ZIP _____

County _____ Industry/SIC _____

PacificSource Sales Executive _____ Producer _____

Incumbent?   Yes   No   If no, current broker name _____

Producer Phone _____ Producer Email _____

Products Requested: Fully Insured   PSA (FSA, HRA, COBRA)   Other _____
                       Vision   Supplemental Accident

                Dental: Fully Insured   Self Funded

Contract Period (if different than calendar year) _____

If effective date(s) will be off renewal, please explain why _____

Medical Renewal Date _____ Dental Renewal Date _____

Prior Carriers: List insurance carriers for the last 3 years and contract dates _____

_____

_____

Current Plan Details (deductible, copay, coinsurance, and out-of-pocket)

	Carrier/Plan Design: _____	Carrier/Plan Design: _____	Carrier/Plan Design: _____
Medical/Rx	Attach Summary of Benefits	Attach Summary of Benefits	Attach Summary of Benefits
Vision	Attach Summary of Benefits	Attach Summary of Benefits	Attach Summary of Benefits
Dental	Attach Summary of Benefits	Attach Summary of Benefits	Attach Summary of Benefits
Other	Attach Summary of Benefits	Attach Summary of Benefits	Attach Summary of Benefits

Plans to be quoted _____

Producer Commission/Fees: Medical _____ Dental _____

Employer Contribution   Probationary Period _____

Medical: EE $ or % _____   DEP $ or % _____   **Dental:** EE $ or % _____   DEP $ or % _____

	Medical	Dental
Total current number of EEs meeting group's eligibility requirements: class, hours, probation period, etc.		
Total Number Waiving		
With Other Group Coverage		
Without Other Group Coverage		
Probationary EEs		
Cobra EEs		
Retirees		
Medicare (Idaho)		
Disability (Idaho)		
Total Enrolling		

Data & Reports Requirements

Summary of Benefits | Current benefits by line of business and renewal

Rates | Current by product and renewal by product

Most Recent Bill

Completed Census | Please submit a completed census in the format required by PacificSource. The census is available at **PacificSource.com/agents**.

Idaho Universal Applications with health statement addendum | If no prior coverage or no current or renewal rates exist, making information unavailable.