SecurityHealth Plan℠

Broker quoting checklist

Please include the following for all quotes:

- ☐ **A)** Employer Group Quote Request or Employer Health Insurance/Level-funded Application
- ☐ **B)** Electronic census in Excel format (each employee and dependents/family members)
  - First and last name
  - Date of birth
  - Sex assigned at birth
  - Coverage type of employee
  - Relationship to employee
  - Zip code of employee
  - Current plan option of employee
- ☐ **C)** Current and renewal rates
- ☐ **D)** Current Schedule of Benefits (SOB) or Summary of Benefits and Coverage (SBC)

If experience rated, please also provide:

- ☐ Most recent two years of paid claims experience (no more than 90 days old)

Preferred items:

- ☐ Top provider report
- ☐ High Cost Claims or High Cost Case report (HCC)

If medically underwritten, please also provide:

- ☐ Most recent quarterly wage and tax (Form UCT-101)
- ☐ Security Health Plan or State of Wisconsin uniform medical application (applications must be signed within 90 days of requested effective date)
  - Employee waivers, signed
  - Spousal/dependent waiver

If eligible for CURV (level-funded employers with < 50 employees and fully insured employers with 35-100 employees), please also provide:

- ☐ Most recent quarterly wage and tax (Form UCT-101)

An Employer Group Application is required if the client chooses to enroll.

General Sales Number:
800-622-7790

General Sales Email:
shp.new.quotes@securityhealth.org

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