

➔ Please include the following for all quotes:

- A)** Electronic census in Excel format (each employee and dependents/family members)
 - First and last name
 - Date of birth
 - Gender
 - Coverage type of employee
 - Relationship to employee
 - Zip code of employee
 - Current plan option of employee
- B)** Current and renewal rates
- C)** Current Schedule of Benefits (SOB) or Summary of Benefits and Coverage (SBC)

If you can't provide **B** and **C**, please submit the Employer Group Quote Request Form.



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)
- Employer Group Application (required if the client chooses to enroll)



If medically underwritten, please also provide:

- Employer Group Application
- 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:

- Employer Group Application
- Most recent quarterly wage and tax (Form UCT-101)

General Sales Number: 800-622-7790 (Option 1: Broker relations Option 2: Account managers)

General Sales Email: employersolutions@securityhealth.org