

➔ All QUOTES MUST INCLUDE:

Electronic census in Excel format (employee or member)

- First and last name
- Date of birth
- Gender
- Coverage type of employee
- Relationship to employee (if dependents are on census)
- Zip code of employee
- Current plan option of employee

Current and renewal rates

Current Schedule of Benefits (SOB) or Summary of Benefits and Coverage (SBC)



If experience rated, then you also need:

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)
- SOB or SBC from previous year



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



CURV is available for clients with 35-100 employees enrolling.

Full member census

Employer Group Application

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