

REQUEST FOR PROPOSAL

Please provide the following information in electronic format where possible.

- Name and address of the group and include industry/SIC code.
- Current census for each employee:
 - Sex
 - DOB
 - Family composition: (employee only, employee spouse, employee family or employee children)
- COBRA enrollee listing
- Current plan benefits. Has there been any benefit modifications in the last 24 months?
- Proposed plan design if different from current
- Current and renewal rates
- Experience reports for past 24 months
 - Employee counts by month
 - Monthly claims broken out in medical, prescription, dental and vision
- Large claim summary during past 24 months to include
 - Diagnosis
 - Prognosis
 - Patient status: employee or dependent?
- Specific deductible requested
- Aggregate coverage requested
- Coverage effective date
- Date proposal is due