



Send Request for Proposal to:
 Carmel Wilson
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 Phone: 502.609.7186

REQUEST FOR PROPOSAL

GROUP INFORMATION

Name of Group		Number of Employees
Primary Location (City/State/Zip)		Additional Locations (Please List)
SIC/NAICS Code	Nature of Business	
Current Insurance Carrier		
Effective Date w/Current Carrier	Requested Effective Date	

BENEFITS INFORMATION

Benefits Requested <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Rx	Current Funding <input type="checkbox"/> Fully Insured <input type="checkbox"/> Fully Self-Funded <input type="checkbox"/> Partially Self-Funded <input type="checkbox"/> Other _____		
	Requested Funding <input type="checkbox"/> Fully Self-Funded <input type="checkbox"/> Partially Self-Funded <input type="checkbox"/> Other _____		
	Single	Current Rates	Renewal Rates
	Family		
Specific Deductible to Quote 1. _____ 2. _____ 3. _____	Specific Contract Type <input type="checkbox"/> 24/12 <input type="checkbox"/> 12/12 <input type="checkbox"/> 12/15 <input type="checkbox"/> Other _____	Aggregate Contract Type <input type="checkbox"/> 24/12 <input type="checkbox"/> 12/12 <input type="checkbox"/> 12/15 <input type="checkbox"/> Other _____	
To be Included in Aggregate (In Addition to Medical) <input type="checkbox"/> Prescription Drug <input type="checkbox"/> Dental <input type="checkbox"/> Vision			

CURRENT VENDORS

Networks (Primary and Wrap)	Prescription Drug	Utilization Review

CHECK LIST OF ATTACHMENTS

<input type="checkbox"/> Census with Coverage Type (To include: Date of Birth, Gender, Zip Codes, COBRA, and Retirees) <input type="checkbox"/> Current Plan Document <input type="checkbox"/> Proposed Plan Document (or Proposed Plan Changes) <input type="checkbox"/> Large Claim History (Most Recent 12 Months with Diagnosis, Prognosis, and Amount) <input type="checkbox"/> Claims Experience (Most Recent 24 Months shown Monthly, including Monthly Enrollment)
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BROKER REQUIREMENTS

Requested Commission	Date Due Back to Broker
Broker Contact Information (Mailing Address, E-Mail Address, Phone)	