

# New Generation Benefits Large Group Questionnaire

GROUP INFORMATION				
NAME OF GROUP				
ADDRESS				
CITY		STATE		ZIP
ADDITIONAL LOCATIONS				
NATURE OF BUSINESS / SIC CODE		EFFECTIVE DATE		
TAX ID NUMBER		RENEWAL DATE		
CURRENT CARRIER				
PERCENTAGE OF EMPLOYER CONTRIBUTION?		Single		Family
WAITING PERIOD FOR NEW EMPLOYEES?				
PLEASE QUOTE	<input type="checkbox"/> MEC	<input type="checkbox"/> MV	<input type="checkbox"/> Major Medical Replacement	
	<input type="checkbox"/> Ancillary	<input type="checkbox"/> Other:		
TARGET MEC PRICE		MEC Commission (\$3-\$15 PEPM)		
MV Commission (\$5-\$25 PEPM)		Metallic Commission (\$10-\$35 PEPM)		

AGENT INFORMATION				
NAME				
AGENCY				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		
CURRENT BROKER	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE DUE		

## Please Provide The Following:

### Employee Census in Excel

- All Full-time employees (i.e. more than 130 hours – 3 consecutive months)
- Full-time Benefits Eligible (i.e. through the 6 or 12 month look-back period)
- Full-time Benefits-Eligible after valid waivers (i.e. spousal, other coverage)
- Employer contribution requirement

### Copy of Their Current Summary of Benefits

### Copy of Their Current Bill

### Latest Renewal Letter and Rates Summary of

### Monthly Claims Experience

### Census Must Include

- Date of birth or age
- Gender
- Identifier (name, number etc)
- Home zip code
- Coverage Level (E, ES, EC, F)
- Plan selection if multiple plans are offered
- Identification of Retirees or COBRA members
- Identification of covered and not covered employees with explanation for those not (i.e. spousal, medicare, medicaid, etc.)

If participation is not met and the enrolled census is substantially different, it may result in a rerate.