



Horizon Blue Cross Blue Shield 51-99 New Business Submission Form

Medical RFP Checklist

Horizon Account Manager: _____

Company Name _____ **County** _____

Street _____ **Phone Number** _____

City, State Zip _____ **Fax Number** _____

Total # Eligible Employees: _____ **# Enrolled** _____

Employer Contribution (in %) _____

Current Carrier _____ **Coverage Since** _____

Previous Carrier _____ **Coverage Since** _____

Current Renewal Date _____ **RFP effective date:**
(If different than current renewal date) _____

Master Broker Contact Name(s)/Email Address: _____

Sub Producer Brokerage Name & Contact Name: _____

Please quote the following Medical & RX Plans:

Special Instructions:

Please Check if Applicable: Virgin Group? _____ Coming from Horizon Small Group? _____

Any knowledge of claims in excess of 10K? If yes, provide diagnosis and prognosis _____

Packaging Information:

Are you interested in a Life Quote? Yes _____ No _____

If yes and they currently have Life please send a full RFP request including census/plan/rates with your Medical RFP.
If yes and they do not currently have life we can provide a standard life quote for you to review.

Are you interested in a Dental Quote? Yes _____ No _____

If yes and they currently have Dental please send a full RFP request including census/plans/rates with your Medical RFP.
If yes and they do not currently have Dental please advise if you would like a Voluntary or Non Voluntary Quote : _____

Are you interested in a Vision Quote? Yes _____ No _____

If yes and they currently have Vision please send a full RFP request including census/plans/rates.
If yes and they do not currently have Vision please advise if you would like a Voluntary or Non Voluntary Quote : _____

- Please submit the following items with your RFP Request:**
- 1. Census in appropriate template/format.**
 - 2. Current Plan Designs**
 - 3. Current Rates and/or Renewal Rates**
 - 4. Claims experience (if available).**