



RATE QUOTATION FORM

Please complete and e-mail to

NewtoBlue@highmark.com

or fax to 412-544-2292

v. 05.01.2011

CENSUS INFORMATION

Please attach a complete census of all employees with the following minimum information

- Employee first/last name
- Gender
- Date of Birth
- Home street address/zip code
- Employment status (FT, PT, COBRA, disability, spousal opt out, other waiver)
- Contract Type (Individual, Parent & Child(ren), Husband & Wife, Family)
- Enrolled plan identification (if employees are currently offered more than one plan)

RATING INFORMATION

Current Rating Method Fully Insured Self Funded

Requested Rating Method Fully Insured Self Funded

If the Client is requesting to change rating methods, please provide an explanation.

SHOCK CLAIM INFORMATION

Are you or the group aware of any current claims greater than \$50,000? YES NO UNKNOWN

If Yes, please provide the claim totals for each and attach all diagnosis/ prognosis information available

Amount	Diagnosis / Prognosis

CURRENT / PRIOR CARRIER INFORMATION

Has any portion of the client ever been insured with Highmark? YES NO

If Yes, Effective Date _____
Cancel Date _____

Former Highmark group numbers

CARRIER HISTORY

Please list for the previous 5 years (most recent first)

CARRIER Effective Dates (From / To)

Current _____

Previous _____

Previous _____

Previous _____

Previous _____

Is the current carrier a TPA? YES NO

RATE HISTORY

	Effective Date	Line of Business	Individual	Parent / Child	Parent/Children	Husband/Wife	Family
Renewal Rates							
Current Rates							
Previous Rates							

If you have additional plans, please attach rates and benefit provisions.

ADDITIONAL INFORMATION

Does the group currently offer group health insurance to its employees? YES NO

Are the current carrier rates demographically or experience rated or a combination? _____

What is the new hire waiting period for group health benefits? _____ (i.e. date of hire, 30 days, 60 days, etc)

SUPPLEMENTAL PRODUCTS

List supplemental coverage

Dental _____ Renewal Month _____ Incumbent Agent? Yes / No

Vision _____ Renewal Month _____ Incumbent Agent? Yes / No

Worker's Compensation _____ Renewal Month _____ Incumbent Agent? Yes / No

ADDITIONAL QUOTE INFORMATION OR COMMENTS