

# SUBMISSION CHECKLIST FOR SELF-FUNDED PROPOSALS

## GROUP SUBMISSION REQUIREMENTS

*Minimum of 50 employee lives  
for quoting purposes*

*Indicate if you are  
the current agent*

Health Cost Solutions requires the following items in order to provide the most competitive quotes (*electronic submission is preferred*):

- Name and address of group
- Effective date
- Date due to broker/client
- Broker contact name, email address, phone number and mailing address
- Requested broker commission and/or broker fee
- Benefit plan—current and proposed
- Current and recommended PPO network(s)
- If multiple locations, provide location zip codes and number of employees in each location
- Current rates and factors or fully insured rates
- Current and requested specific deductible(s) and contract basis for specific and aggregate
- Most recent 24 month period claims experience shown monthly including monthly enrollments and/or aggregate reports
- Employee census with coverage type date of birth, employee zip code and gender. COBRA and retirees must be identified on the census. This MUST be submitted electronically—Excel format preferred
- Census should include a breakdown of employees indicating their current participation in each plan or PPO when requesting different plan options or multiple PPO networks
- Most recent 12 months of shock or large claim (over \$25,000 per person) information with diagnosis, prognosis and amount paid (prior year, if available)
- Product lines to be quoted (i.e. Life, Dental, STD)



HEALTH COST SOLUTIONS

PLEASE SEND SUBMISSIONS TO:

**Proposals@hcsbenefits.com**

100 Bluegrass Commons #200, Hendersonville, TN 37075

Phone: 615.590.1217 :: Toll-free: 800.526.3919

Fax: 615.822.9565