

What is needed to get a Quote?

> Email RFP to: ron@theinfinitus.com

Here's what's needed:

- Group name/address/nature of business or SIC
- Proposed effective date
- > Agent compensation requirements
- Employer contribution status by line of coverage
- Current plan design (booklet/certificate/policy preferred)
- Current/renewal/competitor rates
- If voluntary, copy of current bill or roster with participation by line
- Census requirements:

Life: DOB/GenderSTD: DOB/Gender/S

STD: DOB/Gender/SalaryLTD: DOB/Gender/Salary/Occupation

Dental: DOB/Gender/Number of eligible employees
Vision: DOB/Gender/Number of eligible employees

Medical DOB/Gender/Address/Hire Date/Coverage type: **EE/ES/EC/Family/ Any on Cobra

*ACC/HI/CI/C DOB/Gender

Experience Requirements for traditional quotes

Life 250+ participants: Premium & Claims/Approved PW claims/rates/booklet

STD 100+ participants: Premium & claims/rate/booklet

Number of open and closed claims for last 3 years

LTD 300-500 participants: Open & Closed claims for 3 years/w DOB, DOD, Gender,

Monthly Benefit, Reserve, and Total Paid/Booklet/Premium &

LTD 500+ : Claims for last 3 years/rate history

LTD 300+ Voluntary: Same as 500+ above

Dental 100+: Premium & Claims/rates/booklet

Vision 1,000+: Premium & Claims/rates/booklet

^{*} Accident / Hospital Indemnity / Critical Illness / Cancer

^{**} EE-Employee / ES Employee Spouse / EC Employee Child(ren) / Family