

Humana

Association Proposal Request

Thank you for considering Humana to provide you a quote for your business. Please provide the following information to have your quote underwritten and a proposal prepared for your Company:

1. Completed Employer Group Request For Association Proposal
2. Census data for all eligible employees- name, gender, coverage type, dependent dates of birth.
3. Completed employee applications for each individual applying for coverage
4. Groups of 100+ eligible - 24 month premium vs. claims report, 24 month large claim report (with claims over \$25,000)

If the Employer has current Group coverage in place, please provide:

5. Renewal letter from the incumbent carrier
6. Copy of the most current bill
7. Current Plan design summary

Please complete the below section if you have any special instructions for this proposal.

Special Instructions: _____





Association Proposal Request

Group Information:

Agency / Broker Name: Agent SAN
Today's Date: Are you the agent of record? Yes No
Company Name
Company Contact Contact Phone:
Company Address: SIC Code:
City, State, Zip Code County:
Requested Effective Date: Renewal Date:
Does the group have more than one location? Yes No
Location of other offices

Eligibility / Enrollment

Total Number of employees on payroll:
Total number of eligible employees:
Number of enrolling employees:
Number of valid waivers:
Number of COBRA (include those in COBRA election period)
Number of retirees OVER age 65:
Number of retirees UNDER age 65:

Employer Sponsored Coverage Information

Does this Employer have current group sponsored coverage? Yes No
Does the Employer have a current Humana Medical plan? Yes No If yes, add group number

Medical carrier history for past 5 years
a. Current Carrier How long?
b. Prior Carrier How long?
Employer Contribution EE: ES: EC: FAM:

Current Plan Designs (attach copy of plan designs)

Table with 2 columns: Plan One Name, Plan Two Name. Rows include: Coinsurance (PAR/Non PAR), Individual Deductible, Family Deductible, Individual Out of Pocket, Family Out of Pocket, Hospital Copay, ER Copay, Lifetime Plan Max, PCP OV Copay, Specialist OV Copay, Rx Copay, Mail order Copay.

Current Rates: (attach renewal if applicable)

Table with 2 columns: Rate Category, Rate. Rows include: Employee Only, Employee & Spouse, Employee & Child(ren), Family.

Renewal Rates:

Table with 2 columns: Rate Category, Rate. Rows include: Employee Only, Employee & Spouse, Employee & Child(ren), Family.