



Regence

Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

Office Use Only	
Company #	_____
Proposal #	_____
MASS Proposal #	_____
UW Code	_____

LARGE GROUP (100+ Contracts)

PROPOSAL REQUEST

(to be completed by the Agent or Sales Executive)

Due back to Sales _____ (Date)

- Fully Insured
- Self Funded

Sales/Account Executive _____	S.E. Code _____	Date _____
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SECTION 1. Group Name, Address and Prospect Information

Group Name _____ Type of Industry (required) _____ SIC Code _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Proposed Effective Date _____ Anniversary Month _____

Group's Current Coverage ___ Medical ___ Dental ___ Rx ___ Life

Present and Past Carriers (last 3 years) _____

SECTION 2. Group Demographics and Employer Contribution

A. Total Number of Owners & Employees _____

B. Total Owners & Employees NOT Eligible for Coverage _____

- Part-time or working less than 30 hrs/wk _____
- New hires within waiting period _____
- Other _____

C. Subtotal of Eligible Owners & Employees (A minus B) _____

D. Eligible Owners & Employees NOT Currently Enrolling _____

- Waiving coverage because covered by another employer _____
- Waiving coverage because chooses no coverage _____

E. Number of Employees Out of State _____ List States _____

F. Employer Contribution:

Employee	Employee + Spouse	Employee + 1 child	Employee + children	Family
%	%	%	%	%

G. Current Rates:

Employee	Employee + Spouse	Employee + 1 child	Employee + children	Family
\$	\$	\$	\$	\$

SECTION 3. Requested Benefits (Self-Funded Only):

Specific Attachment Point: \$ _____, \$ _____ Aggregate Corridor : _____% , _____%

Stop Loss Term (e.g. 12/12, 12/15, 12/18, etc.): _____ , _____

SECTION 4. Checklist

- 24 months claims & enrollment history
- Separate lists for each plan within the group (enrollment and paid/incurred claims by month)
- Large claims report w/ diagnosis
- List of any/all claims where the group received specific reimbursement
- Current plan design
- Current rates
- Renewal from current carrier
- Electronic census
- Copy of current billing

SECTION 5. Agent/Agency Information

Name _____ Agency _____

Address _____ City _____ State _____ Zip _____

Agent E-mail _____

Agent Number _____ Letter of Record (Y/N) _____ Phone _____ Fax _____

Commission Requested: Fully Insured Quote: _____ Self-Funded Quote(e.g. 10% of reins. prem.) _____

Sales Executive's Comments _____
