



# Quoting Requirements

## 20-249 Eligible Employees

### Information required for a quote:

- **Account Name**
- **Account Address**
- **Locations**
  - Where company is headquartered
  - Where benefits are administered
  - Where largest number of employees are located
- **Requested Effective Date**
- **Due Date**
- **5-Year Carrier History** (carrier name/# years)
- **Census** – Preferred in Excel format – must include:
  - Eligible Employees
  - Employee Zip Codes
  - Age or Date of Birth
  - Gender
  - Plan Election (if more than one medical/dental product are offered)
  - Tier Structure (EE, ES, EC, EF)

*Note: CIGNA requires a minimum employee participation of 50%*
- **Claims Experience**
  - Monthly enrollment and claims experience for most recent experience period
  - For claims greater than \$25,000 during the experience period, include dollar amount, diagnosis and claim status (active/resolved)
  - Specify if experience includes claims over pooling point
  - Claims experience from the last 12 months for groups over 150
- **Rates/Fees (Current and Renewal)**
  - For insured plans, provide rates by tier
  - For ASO, list administration fees, specific and aggregate stop loss rates and claim factors
  - Specify if rates and fees include commissions
- **Current Product Offerings**
  - Medical, Dental, Life, Disability, Vision, etc.

### Please provide CURRENT and REQUESTED information for the following:

- **Commission Level**
- **Plan Design(s)** – Medical and Dental
- **Employer Contribution Strategy** – For Employee and Dependent
  - Note: CIGNA requires a minimum employer contribution of 50% of total premium*
- **Waiting Period** – Specify if other than 1st of month following 30 days

*Brokers must be licensed in the applicable situs state when CIGNA quotes are delivered.*