Prospective Member Quoting Checklist

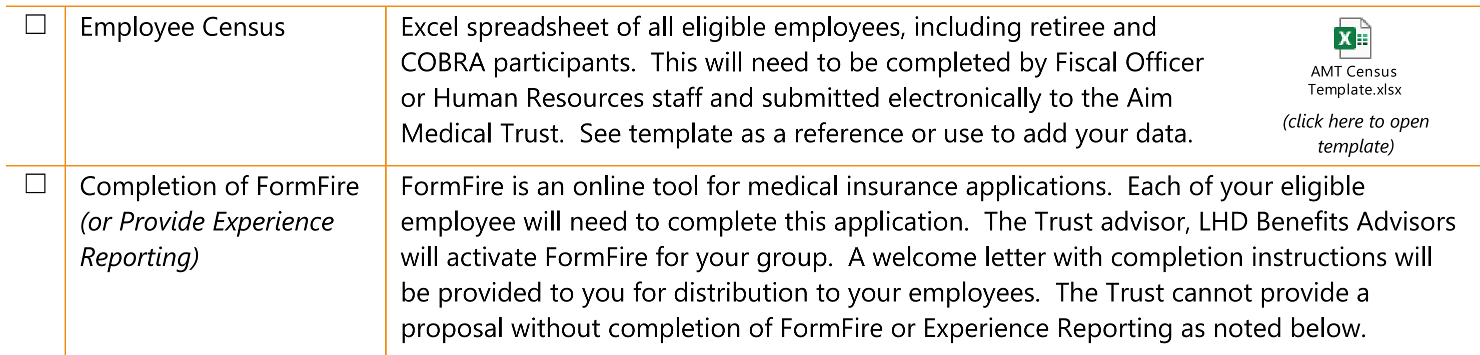
Groups with 50-99 Employees (Fully Insured)

Thank you for your interest in the Aim Medical Trust. The Underwriters can begin working on a proposal when all checklist items are received and FormFire is completed (if claims experience is not provided) by the benefit eligible employees (this includes employees who have waived coverage with the municipality). Requested information should be submitted to Jarrod Limbach via email at jlimbach@aimindiana.org. Jarrod can be reached at 317-910-2995 should you have questions about the requested information or a proposal.

Section 1: General Information

Municipality Name:			
Street Address:			
Zip Code:		Federal Tax ID:	
Contact Person Name:		Contact Person Title:	
Contact Person Phone:		Contact Person Email:	
Number of Full Time Employees:		Requested Effective Date:	

Section 2: Information Checklist



☐	Employee Census	Excel spreadsheet of all eligible employees, including retiree and COBRA participants. This will need to be completed by Fiscal Officer or Human Resources staff and submitted electronically to the Aim Medical Trust. See template as a reference or use to add your data.	AMT Census Template.xlsx *(click here to open template)*
☐	Completion of FormFire *(or Provide Experience Reporting)*	FormFire is an online tool for medical insurance applications. Each of your eligible employee will need to complete this application. The Trust advisor, LHD Benefits Advisors will activate FormFire for your group. A welcome letter with completion instructions will be provided to you for distribution to your employees. The Trust cannot provide a proposal without completion of FormFire or Experience Reporting as noted below.	

The following information can be provided directly from the municipality, or you may sign a release letter to allow the Aim Medical Trust and our Advisor, LHD Benefit Advisors to request the information from your insurance carrier(s). Please indicate below whether you will be providing the information or if you will be signing the release letter (see attached) to allow the Trust and its advisor to request the information from your carrier(s).

☐	Current SPD or Certificates of Coverage	Please provide documents for all current coverage as indicated in Section 3 (Medical, Dental, Vision, Life & Disability)	☐ Provided ☐ Release Signed
☐	Premium Rates	Please provide current year rates, rates for two most recent years, and renewal rates, if available, for all current coverage as indicated in Section 3 (Medical, Dental, Vision, Life & Disability)	☐ Provided ☐ Release Signed
☐	Experience Reporting *(or Complete FormFire)*	Copy of the last four Bulletin 174 Reports	☐ Provided ☐ Release Signed

Please utilize this letter template for release of information to the Trust and its Advisor.

(click here to open template)

Prospective Member Quoting Checklist

Groups with 50-99 Employees (Fully Insured)

Section 3: Current Coverage Information

Check the box next to each line of coverage that is currently offered to employees by your municipality and complete the requested information about each line of coverage.

☐ **Medical**					
Current Carrier:		Yrs. With Current Carrier:			
Number of Plans Offered:		Number of Medical Plan Participants:			
Types of Plans Offered: *(Select all that apply)*	☐ PPO ☐ HDHP/HSA ☐ EPO ☐ HMO				
Does your city/town contribute toward employee HSAs?	☐ Yes ☐ No	If yes, how much do you contribute on an annual basis?	EE ES EC FAM	$ $ $ $	
Do participant employees contribute toward cost of coverage?	☐ Yes ☐ No	If yes, approximate average % of total premium employees contribute for all plans	EE ES EC FAM	% % % %	
What is your new hire eligibility waiting period?					

☐ **Dental**		☐ **Vision**	
Current Carrier:		Current Carrier:	
Contributory Status:	☐ 100% employee paid ☐ 100% employer paid ☐ Cost Shared	Contributory Status:	☐ 100% employee paid ☐ 100% employer paid ☐ Cost Shared

☐ **Employer Paid Life/AD&D**	
Current Carrier:	

☐ **Short-Term Disability**		☐ **Long-Term Disability**	
Current Carrier:		Current Carrier:	
Contributory Status:	☐ 100% employee paid ☐ 100% employer paid ☐ Cost Shared	Contributory Status:	☐ 100% employee paid ☐ 100% employer paid ☐ Cost Shared