

# Prospective Member Quoting Checklist

Groups with 2-49 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. Requested information should be submitted to Jarrod Limbach via email at [jlimbach@aimindiana.org](mailto: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:	
Number of Full Time Benefit Eligible Employees:		Are there employees under your EIN not covered by your benefits? (i.e. Utilities)	
Payroll Frequency:		Benefit Payroll Deduction Frequency:	

## Section 2: Information Checklist

<input type="checkbox"/>	Member Census	Excel spreadsheet of all eligible employees (plus dependents), 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. Please use the census template provided to you to add your data.
--------------------------	---------------	--

**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).**

<input type="checkbox"/>	Current SPD or Certificates of Coverage	Please provide documents for all current coverage as indicated in Section 3 (Medical, Dental, Vision, Life & Disability)	<input type="checkbox"/> Provided <input type="checkbox"/> Release Signed
<input type="checkbox"/>	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)	<input type="checkbox"/> Provided <input type="checkbox"/> Release Signed

# Prospective Member Quoting Checklist

Groups with 2-49 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.

<input type="checkbox"/> <b>Medical</b>					
Current Carrier:		Yrs. With Current Carrier:			
Number of Plans Offered:		Number of Medical Plan Participants:			
Types of Plans Offered: <i>(Select all that apply)</i>	<input type="checkbox"/> PPO	<input type="checkbox"/> HDHP/HSA	<input type="checkbox"/> EPO	<input type="checkbox"/> HMO	
Does your city/town contribute toward employee HSAs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much do you contribute on an annual basis?	EE	\$
				ES	\$
				EC	\$
				FAM	\$
Please provide your total monthly premium rates by tier (town/city cost plus employee cost):	EE	\$	Please provide your total monthly COBRA premium rates by tier (Premium rates x 2%):	EE	\$
	ES	\$		ES	\$
	EC	\$		EC	\$
	FAM	\$		FAM	\$
Do participant employees contribute toward cost of coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?					
Does your city/town cover Pre-65 Retirees?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your city/town cover Post-65 Retirees?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<input type="checkbox"/> <b>Dental</b>		<input type="checkbox"/> <b>Vision</b>	
Current Carrier:		Current Carrier:	
Contributory Status:	<input type="checkbox"/> 100% employee paid <input type="checkbox"/> 100% employer paid <input type="checkbox"/> Cost Shared	Contributory Status:	<input type="checkbox"/> 100% employee paid <input type="checkbox"/> 100% employer paid <input type="checkbox"/> Cost Shared
Dental new hire eligibility waiting period?		Vision new hire eligibility waiting period?	

# Prospective Member Quoting Checklist



Groups with 2-49 Employees (Fully Insured)

Does your city/town cover Pre-65 Retirees for Dental?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your city/town cover Pre-65 Retirees for Vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your city/town cover Post-65 Retirees on Dental?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your city/town cover Post-65 Retirees on Vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employer Paid Life/AD&D

Current Carrier:	
What is the minimum number of work hours to be considered eligible?	
Does your city/town cover Retirees for Life Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Short-Term Disability Long-Term Disability

Current Carrier:		Current Carrier:	
Contributory Status:	<input type="checkbox"/> 100% employee paid <input type="checkbox"/> 100% employer paid <input type="checkbox"/> Cost Shared	Contributory Status:	<input type="checkbox"/> 100% employee paid <input type="checkbox"/> 100% employer paid <input type="checkbox"/> Cost Shared