Prospective Member Quoting Checklist

Groups with 50+ Employees (Self-Funded or Fully Insured)

aim medical trust
Your Partner for Municipal Health

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. 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

☐	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 use the census template provided to you as a reference or 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).			
☐	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
☐	COBRA/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) *NOTE: carrier will likely not have COBRA rates, Municipality will need to provide if self-funded*	☐ Provided ☐ Release Signed

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☐	Claims Data	Medical and Rx claims data for 2 years including monthly aggregate claims, subscriber and member enrollment and large claimant data including prognosis and diagnosis information for the same time period.	☐ Provided ☐ Release Signed
☐	Administrative Contracts	Copy of Medical TPA contract, Pharmacy Benefit Manager (PBM) agreement, and Stop Loss policy.	☐ Provided ☐ Release Signed

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/TPA:			Yrs. w/ Current Carrier/TPA:	
Number of Plans Offered:			Number of Medical Plan Employee 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 $
Please provide your total monthly premium equivalent rates by tier (town/city cost plus employee cost):	EE $ ES $ EC $ FAM $		Please provide your total monthly COBRA premium equivalent rates by tier (Premium rates x 2%):	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?				
Does your city/town cover Pre-65 Retirees?			☐ Yes	☐ No
Does your city/town cover Post-65 Retirees?			☐ Yes	☐ No

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☐ Dental

Current Carrier:	
Contributory Status:	☐ 100% employee paid ☐ 100% employer paid ☐ Cost Shared
Dental new hire eligibility waiting period?	
Does your city/town cover Pre-65 Retirees?	☐ Yes ☐ No
Does your city/town cover Post-65 Retirees?	☐ Yes ☐ No

☐ Vision

Current Carrier:	
Contributory Status:	☐ 100% employee paid ☐ 100% employer paid ☐ Cost Shared
Vision new hire eligibility waiting period?	
Does your city/town cover Pre-65 Retirees?	☐ Yes ☐ No
Does your city/town cover Post-65 Retirees?	☐ Yes ☐ 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?	

☐ Short-Term Disability

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

☐ Long-Term Disability

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

Submit Completed Form to Aim