



Data Required for RFP

Please indicate if current coverage is Fully Insured or-Level/Self-Funded. If Level- or Self-funded: at least nine months of paid claims experience

- Group Information
 - Address
 - SIC Code
- Census (full member census including subscribers and dependents in Excel format)
 - First Name
 - Last Name
 - Coverage Tier (EMP, ESP, ECH, FAM)
 - Relationship (employee, spouse, child)
 - Date of Birth
 - Status (active, retiree, COBRA)
 - Gender
 - Plan Type (*If there is more than one plan in-force, census must indicate current enrolled plan for each subscriber.*)
 - Zip Code
- Current Benefit Information
 - Plan Summary
 - Schedule of Benefits – for plan(s) currently enrolled
- Renewal (latest one available)
- Rates/factors - Current and Renewal if available

Please send all RFP's to HCSales@cbia.com