

# Request for Proposal Checklist



Please include the following information with your RFP request. This information provides us with the details we need to provide you and your Client an accurate and timely response.

## Please provide the following with all RFP requests:

Benefit effective date	Employer contribution
Benefit(s), plan design(s) and rate guarantee to be quoted	Employer FICA match included
Billing method (if Core buy up)	Group name and address
Commissions by benefit	Nature of Business (SIC)
Current carrier and rates (if available/applicable)	Number of eligible lives
Current certificates/plan details for benefits requested	Provide prior carrier bill; indicate carrier or self-billed
Date group was founded (MM/DD/YYYY)	Name of benefit administration or technology platform
Employee Assistance Program details (if applicable)	Subsidy type and amount

## Census requirements:

Annual salary (break out bonus, commissions and over-time if included in earnings)	If part-time employees are to be included, provide confirmation of hours worked per week for each employee
Date of Birth (DOB)	Occupation (LTD only)
Employee zip code (home zip for Dental, work zip for Disability & PFML)	When benefit is contributory/voluntary add elections, volumes or prior Carrier/Self-Billing Detail. Also include Life and/or Disability classes and/or participation if replacing current coverage.
Gender	
Identify any part-time, seasonal, 1099 or retiree employees on the census	

## If quoting Absence Management:

Statutory prevalence (multi-state or concentrated)	First time outsourcing or already outsourcing
List of employer specific leaves looking for administrative support including copies of the applicable policies	Employer's payroll provider (if using a vendor)
	Count of total employees on payroll (this is typically greater than the number of benefit eligible employees)

## Experience requirements:

**STD/PFML/Dental/Vision (150+ lives):** Minimum of 12-18 months claims experience on current carrier letterhead, (36 months preferred)

Current and historical rates

Paid premium, paid claims, volumes, lives  
(monthly data preferred)

Renewal rates (preferred)

### Dental additional info

Annual Max Rollover bank if available (preferred)

Claims data per provider (preferred)

### Statutory plans (NY DBL, Hawaii TDI, NJ TDB)

Experience at 50+ lives (based on work state)

### Absence Management

Claims report by leave start date (must include type and leave reasons) – 12 months+

**Life/LTD (750+ lives):** Minimum of 24 months claims experience on current carrier letterhead, (60 months preferred)

Current and historical Rates

Renewal rates (preferred)

### Life additional info

Paid premium, paid claims, volumes, lives  
(monthly data preferred)

Waiver of Premium report with face amount, date of disability

### LTD additional info

Current carrier reserves by incurral year (preferred)

Detailed open and closed claim report  
(Gender, DOB, DOD, Net/ Gross Benefit)

Paid premium and claims by incurral year (required)