

Quote Request Form



Please provide as much information as possible to ensure the best quote.

Case Information

Today's date:	Due date for proposal*:
Agency name:	Best phone number:
Broker name:	
Email address:	

Group Information

Group name:	SIC:
Headquarters address:	

Current Plan Information

Number of enrolled employees:	Number of covered lives:
Plan start date:	
Claims administrator (name):	Self-Funded <input type="checkbox"/> Fully insured: <input type="checkbox"/>
Medical network(s):	
Pharmacy Benefit Mgr. (name):	Self-Funded <input type="checkbox"/> Fully insured: <input type="checkbox"/>
Stop Loss carrier (name):	
Specific attachment point:	Aggregate attachment point:
Dental coverage (name):	Self-Funded <input type="checkbox"/> Fully insured: <input type="checkbox"/>
Dental rates and benefit design:	
Vision rates and benefit design:	

DSHS Quotes Desired

Required Data Files

Claims administrator: <input type="checkbox"/>	<i>Census file, Admin fees & Summary Plan Document required for all quotes</i>	
Medical network(s): <input type="checkbox"/>	<i>Medical claims data (2 yrs.) for Network & Stop Loss quotes</i>	
Pharmacy Benefit Mgr.: <input type="checkbox"/>	<i>Rx claims (include rebates) (2 yrs.) for Pharmacy Benefit Mgr. quotes</i>	
Dental coverage: Self-Funded <input type="checkbox"/> Fully insured: <input type="checkbox"/>	<i>Dental claims data/report (2 yrs.) Commission & Summary Plan Document for Dental quotes</i>	
Vision coverage: Self-Funded <input type="checkbox"/> Fully insured: <input type="checkbox"/>	<i>Vision claims data/report (2 yrs.) Commission & Summary Plan Document for Vision quotes</i>	
Stop Loss coverage: <input type="checkbox"/>	<i>Large claims report (2 yrs.), Policy Current/Renewal Rates & Commissions for Stop Loss quotes</i>	
Commission Rate(s)	Stop Loss:	Dental/Vision:
Other: <input type="checkbox"/>		

(i.e. telemedicine and member incentives—please ask about additional services available so we can include all request rates in your quote)

*Please allow 10-15 business days to receive your Opportunity Analysis
Return to: Sales@DATASMARThealthsolutions.com