



Self-Funded Plan Administration Request for Quote

This form identifies the information required to obtain an ABS self-funded plan administration proposal. In order to submit the information, complete this form and return with supporting documentation files (*the form is unnecessary if all information is included in submission*). Submit quote request and supporting documentation to ABSquotes@abs-tpa.com.

If any noted information is missing from the request, we may be unable to provide a proposal.

Requesting Party

Name _____

Company _____

Telephone _____ Are You An Agent? Y N

Email (for quote delivery) _____

Are you the current agent for this group? Y N

Quoting Information

Company Name _____

Location of entities and subsidiaries _____

Address _____

Zip _____

State _____

SIC Code or Nature of Business _____

Is the group currently self-funded? Y N

If so, who is the current excess loss carrier? _____

If not, who is the current insured carrier? _____

Services to be included in the proposal (mark all desired):

Medical Dental Rx Vision COBRA Retiree

Coverage

STD HRA FSA UM/CM

Online Enrollment Cost Containment (SmartClaims)

Number of plans existing in group: _____ Medical _____ Dental _____ Prescription

_____ Vision

Type(s) of medical plans in group: _____ Traditional _____ PPO _____ HDHP

If HDHP plan(s) exist within group, is there coordination of benefits with PBM(s)? Y N

If so, list PBM(s): _____

Census

Include census document in excel format

Supporting Documentation

Accompanying documentation must include the following:

- 2- 3 years large claims experience-- *Include paid amounts, diagnoses, treatment plans, prognoses, if available*
- 2-3 years monthly claims and enrollment
- Plan design(s)-- *If more than one plan, indicate number or percentage in each plan*
- Current PPO network(s) utilized
- If currently self-funded, include current and renewal rates and factors and/or copy of excess loss policy
- If currently insured, include 2 – 3 year rate history, including renewals
- Specific deductible amounts to quote
- Inclusions within specific and aggregate amounts

Additional Information Required

- Contract basis to quote: _____ / _____
- Commission requested: _____% or flat amount: _____