



Rate Proposal & Renewal Submission Form

To Be Completed By: 51+ Benefit-Eligible Employee Groups
 Self-Insured Groups of Any Size

The following checklist has been provided to ensure that the appropriate information necessary to quote your group has been incorporated into the development of your rates.

Section I -- General Information

Company Name:		
Contact Name:		
Contact Title:		
Contact Email:		
Contact Phone:		
Primary Offices are Headquartered in:	,	# of Empl
Second Office Location: (if any)	,	# of Empl
Third Office Location: (if any)	,	# of Empl
Employees	Total Employees:	Total Eligible:
Nature of Business	Description:	SIC Code:
When are new Employees Eligible for Benefits ?		
Employer Contribution Policy		
Current Effective Plan Date		
Proposed Effective Date (If Different)		

Section II -- Rating Information

Over the Past Five Years, How many times have you changed carriers ?				
Carriers:				
Financial Arrangement	Self Funded:		Fully Insured:	
If Self-insured, what are your Re-insurance levels?	Aggregate:		Specific:	
Two Year Rate History and Renewal Rates	Most Recent Year		Prior Year	
	Single		Single	
	Family		Family	
Basis of Aggregate Incurred/Paid:				
Do you want MediMerge Health, Inc. to provide a reinsurance quote?	Yes:	No:		

Section III -- Broker / Consultant Information

Name of Broker / Consultant:			- Broker	- Consultant
Company:				
Email:				
Phone:				

Section IV - Submission of Ancillary Documentation

1. For **Fax** submission: (978) 231-0520, **ATTN: Sales Department**
2. For **Email** submission: mmsales@medimerge.com

Listed below is the additional information we need to provide a self-funded quote. This information can be submitted in hard-copy, faxed or email pdf-form.

- Employee census information including gender, birth date, coverage type (individual or family), and employee zip codes
- Copy of Current Plan Document
- Copy of Current Summary Plan Document
- Current Health Care Network Affiliations

- Claims Experience for Two Years with Corresponding Enrollment by Month
- Large Loss and Potential Large Loss Claims in excess of \$20,000; Diagnosis and Prognosis

When saving a file, it is important that it be saved in one or more of the following formats:

- MicroSoft Excel
- MicroSoft Access
- Tab Delimited Text
- Comma Delimited Text

Please add any additional comments below:

Clicking Submit will create a completed Adobe PDF for emailing to MM Sales and a copy for your records.