



## REQUEST FOR QUOTE CHECKLIST

The following information is necessary to provide a quote. Please feel free to email the below via secure file transfer to [info@kobalthhealth.com](mailto:info@kobalthhealth.com)

- ⌋ Current Employee Census Report (Excel) by plan and tier
  - date of birth, gender, home ZIP code
  - plan election, tier selection
  - status (active, COBRA, retiree, opt-out/waiving)\*
  
- ⌋ Current Schedule of Benefits with summaries (SBCs) for all plans
  
- ⌋ 2 Year Rate History (current and prior year) renewal if available
  
- ⌋ 2 Year Paid Claim History (current and prior year)
  
- ⌋ Large Claim Information
  - 2 Years with paid amounts over \$25,000
  - primary diagnosis
  - status (active, terminated, COBRA, retiree)
  
- ⌋ Employee/employer premium contribution amounts/percentages by plan
  
- ⌋ If self-funded: current administrative fee(s) and specific and aggregate stop loss levels, terms, and premiums
  
- ⌋ Broker Commission (current and requested if applicable)

*Note: Supplemental or clarifying information may be requested after initial underwriting.*