RFP Scrub Sheet

Effective Date_____/_____/_____

Account Information

Legal Name_____

DBA_____

Address_____

City, State, ZIp_____

Sales Team

Sales Rep_____

Other Sales_____

Sales Office_____

Products Quoted   ( ) Medical   ( ) Dental   ( ) Vision

Commissions   Medical_____ Dental_____ Vision_____

Submitted by _____

Producer/Broker Name & Company_____

General Agent Name & Company_____

Broker of Record (BOR)   ( ) Yes   ( ) No   ( ) Unknown

Incumbent Data Provided

Medical	Carrier_____	Rates Y / N	Benefits Y / N	Claims Experience Y / N
Dental	Carrier_____	Rates Y / N	Benefits Y / N	Claims Experience Y / N
Vision	Carrier_____	Rates Y / N	Benefits Y / N	Claims Experience Y / N

Census

Medical Total Eligible_____ Waivers_____ Enrolled_____ Participation_____

Dental Total Eligible_____ Waivers_____ Enrolled_____ Participation _____

Vision Total Eligible_____ Waivers_____ Enrolled_____ Participation _____

Are there any employees not eligible (part-time, new hires, in waiting period)?

Are there any union employees? If yes, are they included or excluded?

RFP Finalization

Medical	Released to Sales Y / N	Assigned to Underwriting Y / N	Declined to Quote Y / N – reason _____
Dental	Released to Sales Y / N	Assigned to Underwriting Y / N	Declined to Quote Y / N – reason _____
Vision	Released to Sales Y / N	Assigned to Underwriting Y / N	Declined to Quote Y / N – reason _____

CENSUS ENROLLMENT

MEDICAL PLANS (proposed maximum of 4 plans)

	Incumbent Plan Names	Proposed Plan Names	EE	ES	EC	EF	Total
Plan 1	_____	_____					_____
Plan 2	_____	_____					_____
Plan 3	_____	_____					_____
Plan 4	_____	_____					_____
Plan 5	_____	_____					_____
Plan 6	_____	_____					_____
Total	_____	_____					_____

DENTAL PLANS (proposed maximum of 3 plans)

	Incumbent Plan Names	Proposed Plan Names	EE	ES	EC	EF	Total
Plan 1	_____	_____					_____
Plan 2	_____	_____					_____
Plan 3	_____	_____					_____
Total	_____	_____					_____

VISION PLANS (proposed maximum of 2 plans)

	Incumbent Plan Names	Proposed Plan Names	EE	ES	EC	EF	Total
Plan 1	_____	_____					_____
Plan 2	_____	_____					_____
Total	_____	_____					_____

EE = Employee Only

ES = Employee + Spouse

EC = Employee + Child / Children

EF = Employee + Family (includes Spouse & Child/Children)