

## RFP Checklist for Self-Funded Employer Groups

The following information is required to complete a quote. Please provide explanations for all missing or incomplete information.

### Group Information

- Group name & full address
- Nature of business or SIC code
- Multiple sites
- Complete number of employee population
- Online census sent via email in excel format (password protected if PHI included)  
DOB, age, gender, coverage type, home zip code (all employees: waivers, COBRAs, retirees, etc.)

### Broker Information

- Current broker name, address & phone
- Length of time as broker for this group
- Amount of commission

### Insurance Plan Type

- Fully insured (provide carrier information)
- Partially self-funded
- Self-funded (provide stop loss carrier, current & renewal contract information, specific deductible, contract term)

### Health Plan Information

- Effective date/renewal date
- Plan waiting period

### Rates

- Current rates
- Renewal rates if available

### Summary Plan Document

- Copy of current plan
- Current plan review requested
- New benefit plan requested

### Claims History

- Two (2) years of claim history/experience
- Shock loss or known large medical for the past two (2) years (including diagnosis, prognosis, current medications)

### Network Review

- Paid claim data by member (including provider name, provider tax ID, billed amount, allowed amount, paid amount)

### Pharmacy Benefit Manager (PBM) Review

- Does group have a preferred PBM vendor? (If yes, please note.)
- Paid claim data for two (2) years

### Dental Administration Review

- Paid claim data for two (2) years

### Flexible Spending Accounts/Health Reimbursement Accounts/ Health Savings Accounts

- FSA with debit card
- FSA without debit card
- Direct deposit
- Annual discrimination testing

Online Enrollment through EBenefits Solutions  Yes  No

Worksite Voluntary Plan  Yes  No

Please mail RFP checklist to:

Demand Benefits: 2901 N Causeway Blvd Suite 207 Metairie, LA 70002

Email to: [customercare@demandbenefits.com](mailto:customercare@demandbenefits.com) or fax to: 504-324-0222



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