NEED A GROUP RETIREE HEALTH QUOTE? USE THIS CHECKLIST

Receive a fast quote for Group Retiree Health benefits by completing this checklist. Don't know an answer? That's okay. Provide as much information as you can then send it to your sales representative from The Hartford. Once we receive all the necessary information, we'll turn your quote around in a matter of days.

QUOTE REQUEST CHECKLIST

ABOUT YOUR AGENCY

Agency name and address:

_____

_____

_____

Contact name:

_____

Are you appointed with The Hartford?

☐ Yes ☐ No

ABOUT YOUR CLIENT

Company name and address:

_____

_____

Type of business *(include SIC code if known):*

_____

Total number of employees, excluding retirees: _____
Total number of Medicare-eligible retirees: _____
Total number of Medicare-eligible spouses: _____
Anticipated effective date of coverage: _____

Standard commission is 5%. Non-standard commission requests are considered and may require additional information. Total non-standard commission requested: _____ %

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CURRENT PLAN INFORMATION

Employer contribution level *(if applicable)* for retiree and spouse *(Please indicate any difference):*

If retirees/spouses are currently covered under a Medicare Supplement or other Medical Plan, please indicate which coverage(s) are offered:

☐ PPO ☐ HMO ☐ Medicare Advantage ☐ Medigap

☐ Other *(please specify)* _____

Please provide a copy of their current benefit plan(s) along with their Summary Plan Description (SPD), Coordination of Benefits (COB), and current pricing.

Is the plan fully-insured or self-funded? ☐ FI ☐ SF

Do you require your retirees and their spouses to elect both medical and pharmaceutical coverage as a package under your current plan? ☐ Yes ☐ No

INFORMATION REQUESTED TO PROVIDE A MEDICAL QUOTE

- ☐ Census *(Age, Gender, State of residence/zip)*
- ☐ Requested plan design
- ☐ Experience/utilization *(see additional information request below)*
- ☐ Rate and benefit history
- ☐ Current premium

CLAIMS EXPERIENCE INFORMATION

For the most recent three full prior plan years and current year to date:

- ☐ Premiums and paid claims
- ☐ Provide large claim ($25,000 and over) information.
- ☐ Provide separate information for under age 65 and age 65 and over.
- ☐ Include the date of each claimant's birth so we may determine whether the claim was primary or secondary to Medicare.

IF PRESCRIPTION DRUG COVERAGE IS REQUESTED

- ☐ Provide current plan design indicating copays and/or coinsurance and any deductibles or maximums
- ☐ Provide any available Risk Score information
- ☐ Claims should identify mail vs. retail, specialty, and days supply
- ☐ Provide a copy of your current formulary
- ☐ Provide Rx rate and benefit history, premium, and claims experience separately from medical information.

If you need to obtain rates, get additional information, or want to learn more about our Group Retiree Health solutions, contact your local sales representative from The Hartford. Visit our website at **TheHartford.com/groupbenefits**.

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