QualChoice® HEALTH INSURANCE

Request for Quote – Broker Use only

Please complete and submit the medical requirements as listed below. To quote FSA, COBRA, or HRA Administration, call your Regional Sales Manager.

For groups with 51-100 eligible employees	
1	Current census of all eligible employees including gender, date of birth, coverage type and zip code.
2	Experience data with corresponding membership and/or enrollment. Experience data must be at least 12 consecutive months of claims data of current paid and/or incurred data with the last month no more than 3 months from the received date.
3	Diagnosis on all claims over $10,000 in the past 12 months.
4	Renewal documents required (must be on carrier's letterhead).
5	Submit Decline Coverage Form (part of Group Employee Application) for each covered employee that declines any or all coverage — or indicate this information on your electronic file.

For groups with 101 or more eligible employees	
1	Current census of all eligible employees including gender, date of birth, coverage type and zip code.
2	Experience data with corresponding membership and/or enrollment. Experience data must be at least 24 consecutive months of current paid and/or incurred data with the last month no more than 3 months from the received date.
3	Diagnosis on all claims over $10,000 in the past 12 months.
4	Renewal documents required (must be on carrier's letterhead).
5	Submit Decline Coverage Form (part of Group Employee Application) for each covered employee that declines any or all coverage — or indicate this information on your electronic file.

Group Requirements

- If the group is part of a control group or an affiliated service group, they may be considered an applicable large employer as defined by the Affordable Care Act and subject to Large Employer underwriting and enrollment rules.
- Group must be located in Arkansas (no more than 20% of employees may reside outside Arkansas for POS plans and no more than 40% of employees may reside outside Arkansas for PPO plans).
- Coverage is for full-time employees only (unless approved by underwriting). Full-time is defined as working at least a minimum of 30 hours per week.
- IMPORTANT: Incomplete data will reduce rating accuracy and delay rate finalization.

Commercial Requirements

- Employer contributes at least 50% of employee premium. If employer contributes 100%: all eligible employees must enroll.

I, the undersigned, understand that QualChoice will rely upon information submitted on this ***Request for Quote*** and other supporting documentation to underwrite the group in order to make a determination of coverage. I certify that I am authorized by the group to provide this information and that it is true and correct, based upon information presently available to the group. If a quote is provided and the information is inaccurate the quote will be considered null and void.

Name (PLEASE PRINT)	Title
Signature	Date (MM/DD/YYYY)

QualChoice® HEALTH INSURANCE

Request for Quote – Broker (continued)

The following information must be completed. Incomplete information will delay the quote process. If you have any questions, please call or email your Regional Sales Manager.

Section I. Broker Information			
Today's Date (MM/DD/YYYY)	Due Date (MM/DD/YYYY)	Effective Date (MM/DD/YYYY)	
Regional Sales Manager Name	Broker Name	Broker Contact Phone No.	
Broker Email Address	Agency Name	E-mail quote to:	

Section II. Group Information			
Group/Plan Sponsor Name			
Physical Address		County	
City		State	Zip Code
Contact Name	Subsidiaries and/or other locations		
Nature of Business	SIC/NAIC	Year Established	Tax ID Number
Current Carrier or Third Party Administrator	How long has group been with current carrier?	Current Vision Carrier	Current Dental Carrier

Section III: Employee Information	**In State**	**Out of State**	**TOTAL**
Full-time employees enrolling *Include those satisfying their waiting period within 90 days after the effective date.*			0
Full-time employees declining coverage *Include those satisfying their waiting period within 90 days after the effective date.*			0
Retirees eligible for coverage			0
Federal COBRA or State Continuation Coverage continuants			0
Total no. of full-time employees living outside of Arkansas			0
Total Enrolling and Declining	0	0	0
Part-Time/Seasonal/Temporary Employees			
Total No. of Employees			0
Number of employees on the last day of each month divided by 12 for previous year: **Average Total Number of Employees**			
Are retirees covered under the current plan?			☐ Yes ☐ No
Will retirees be covered under the plan being quoted by QualChoice? NOT APPLICABLE FOR GROUPS UNDER 100.			☐ Yes ☐ No
Are any of the individuals currently hospitalized, disabled, or on any extension of benefits? If YES, please give details below.			☐ Yes ☐ No
Will any HRA or GAP plan also be offered?			☐ Yes ☐ No

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Request for Quote – Broker (continued)

Section IV: Benefits	Current Benefits		Renewal Benefits	
	OPTION 1	OPTION 2	OPTION 1	OPTION 2
Is this plan grandfathered?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PCP/SCP Co-pay				
Deductible In/Out				
Deductible Type (Fulfillment 2x or 3x/Accumulated 2x or 3x)				
Coinsurance In/Out				
Out of Pocket Max In/Out				
Inpatient				
Outpatient				
Emergency Services				
Supplemental Accident (SAE)				
Deductible Carryover				
Rx Benefit				

Section IV: Benefits	Current Rates		Renewal Rates	
	OPTION 1	OPTION 2	OPTION 1	OPTION 2
Employee Only				
Employee + Spouse				
Employee + Child(ren)				
Employee + Family				

Current Monthly Premium $_____	Renewal Monthly Premium $_____

Employer Contribution	Commission To Quote
Employee Coverage _____%	☐ Standard ☐ Net of Commissions
Dependent Coverage _____%	☐ Other: _____

Section VI: Medical and Ancillary Product Selection

Check (✓) **ALL** products to quote. To quote FSA, COBRA, or HRA Administration — call your Regional Sales Manager.

MEDICAL *Underwritten by QCA Health Plan, Inc., and QualChoice Life and Health Insurance Co., Inc.*		**ANCILLARY**		
☐ Medical	☐ ASO/Self-Funded	☐ Vision	*Underwritten by National Guardian Life. Administered by Superior Vision.*	☐ Dental

Section VII: Rider Selection

Check (✓) **ALL** riders to be quoted. If none are selected, standard product and offerings will be quoted.

POS and PPO Only Riders	☐ Temporomandibular Joint Disorder (TMJ)
PPO Riders	☐ Supplemental Accident Benefit Rider ☐ Hearing Aids and Hearing and Instruments Benefit Rider ☐ QCNN (QualChoice National Network)

Section VIII: Comments (if any)

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Request for Quote – Broker (continued)

Group Term Life and AD&D Quoting Requirements

51+ eligible employees	• Current census of all eligible employees including gender, date of birth, coverage type and zip code. • Industry Description / SIC Code • Current Schedule of Benefits • Current Rates (optional) • Groups with 500+ eligible employees: Need life experience for last three (3) years

Group Term Life and AD&D — 51-100 eligible employees. *Underwritten by QualChoice Life and Health Insurance Company, Inc.*
Group Term Life and AD&D is only available for full-time active employees who receive a W-2 wage.

Please check one:
☐ Flat ☐ Class ☐ Salary **NOTE**: If requesting Class or Salary, please submit the benefit schedule.

Please check one:
☐ $15,000 ☐ $20,000 ☐ $30,000 ☐ $_____ 51-100 eligible employees; up to $100,000

Tier Class Plan

Description	Group Term Life and AD&D Amount	% of Premium Paid By Employer	Multiple Of Salary
1.	$_____	_____% Minimum of 25% Required	☐ 1x Annual Salary to $_____
2.	$_____		☐ 2x Annual Salary to $_____
3.	$_____		

Group Term Life and AD&D — 101+ eligible employees. Underwritten by Companion Life Insurance Company.

Please check one: ☐ Flat ☐ Class ☐ Salary **NOTE**: If requesting Class or Salary, please submit the benefit schedule.

Name of Current Carrier	Initial Enrollment Waiting Period	Will the insurance replace existing life insurance? ☐ Yes ☐ No

Are any individuals to be covered retired, currently hospitalized, disabled, or on any extension of benefits? ☐ Yes ☐ No
If **YES**, please give details:

Group Term Life and AD&D	Dependent Life
☐ $_____	☐ $_____ Spouse $_____ Children
☐ $_____	☐ $_____ Spouse $_____ Children

Genetic Information Nondiscrimination Act of 2008 Notice

QualChoice does not use genetic information for underwriting purposes or any other purpose prohibited by applicable law. QualChoice requests that as part of the quote process, it not be provided with any plan participant's family medical history or any plan participant's information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which the participant believes she/he may be at risk.