Small Group AFA Quote

Please include:

• Quote cover sheet   
• Member level census   
• Individual Medical Questionnaires (if required)   
• Carrier documented renewal containing both current and renewal rates   
• Current plan designs or current Summary of Benefits for all plans   
• Claims experience to include detailed aggregate claims and the Large Claims Report from current policy period

If the quote cover sheet is not attached we will need the following information:

• Full group legal name:   
• Group physical address:   
• Agency and broker name:   
• Effective date:   
• Current carrier name:   
• Current carrier funding type: