



# Request for Quotation

Name of Group: \_\_\_\_\_  
 County of Residence (for majority of EEs): \_\_\_\_\_  
 Renewal Date of Current Plan: \_\_\_\_\_  
 Number of Medical Plans Currently Offered: \_\_\_\_\_  
 Most Prevalent Medical Plan Design: \_\_\_\_\_  
 (Based on EE Enrollment)

Check Coverage Requested (see benefit summary)

<input type="checkbox"/>	Active Medical/Rx
<input type="checkbox"/>	Active Dental
<input type="checkbox"/>	Active Basic Life and Supplemental Life
<input type="checkbox"/>	Pre-Medicare Retiree Medical/Rx
<input type="checkbox"/>	Post-Medicare Retiree Medical/Rx

Broker (if applicable): \_\_\_\_\_

Broker Commission (if applicable): \_\_\_\_\_ % (limited to no more than 4% on groups under 200 employees, 3% on groups 200 employees and over)

**Note:** Broker commissions are optional by group. Commission level will be added to the base rates determined by the Pool and itemized on the group billing.

**Provide as much of the following information and documents as possible and separate data for pre- and post 65 retirees if available.**

Active Data Attached

<input type="checkbox"/>	Description of Current Plan for all Active Medical/Rx Coverage Options
<input type="checkbox"/>	Rate History (2 years, if available)
<input type="checkbox"/>	<b>Excel</b> Spreadsheet with Active Census: Date of Birth, Gender, Coverage Option Selected, Family Tier Selected (Include legend if codes used)
<input type="checkbox"/>	Active Medical/Rx <b>monthly</b> premium, claims and enrollment for each of the most recent 24 months
<input type="checkbox"/>	Large claimant listing (all claimants with claims in excess of \$25,000 in most recent 24 months, including diagnosis and prognosis <b>if available</b> )*
<input type="checkbox"/>	Underwriting Disclosure Form*

Retiree Data Attached (if covered)

<input type="checkbox"/>	Description of Current Plan for all Retiree Medical/Rx Coverage Options
<input type="checkbox"/>	Rate History (2 years, if available)
<input type="checkbox"/>	<b>Excel</b> spreadsheet with Retiree Census: Date of Birth, Gender, Coverage Option Selected, Family Tier Selected (Include legend if codes used)*
<input type="checkbox"/>	Retiree Medical/Rx <b>monthly</b> premium, claims and enrollment for each of the most recent 24 months
<input type="checkbox"/>	Large claimant listing (all claimants with claims in excess of \$25,000 in most recent 24 months, including diagnosis and prognosis <b>if available</b> )*
<input type="checkbox"/>	Underwriting Disclosure Form*

\*Disclosure of claimants with specific diagnoses or serious illness expected to exceed \$25,000 in claims will be required in order to finalize rates. A separate disclosure form will be provided.

Name of Group Contact to receive rates: \_\_\_\_\_  
 E-mail Address for Group Contact: \_\_\_\_\_  
 Telephone for Group Contact: \_\_\_\_\_

Current ER Contribution—**Actives**: \_\_\_\_\_

Current ER Contribution—**Retirees**: \_\_\_\_\_

Can Employees opt-out of coverage?  Yes  No

If yes, describe any employer incentives: \_\_\_\_\_

**Return Request for Quotation & Data to:**

Ashton Tiffany, LLC, Administrator  
 Arizona Public Employers Health Pool (APEHP)  
 333 E. Osborn Rd., Ste 300, Phoenix, AZ 85012

Attn: Aaron P. Genaro, ARM-P  
 T 602.200.2431 M 602.432.0605 F 602.200.2442  
 aaron.genaro@apehp.org

**NOTE: All HIPAA Protected Health Information (PHI) must be encrypted and password protected. Passwords should be provided telephonically to Aaron Genaro at 602.200.2431.**