

Request for Proposal Checklist

- Completed [Employer Application](#)
- Quarterly Tax & Wage Report (NCUI-101)
- [Census information](#) on eligible employees:
 - Date of Birth or Age
 - Gender
 - Tier Request (Type of coverage needed, i.e. EE-Employee only, SP-Employee+Spouse, CH-Employee+Child(ren), FMLY-Employee+Family)
 - Zip Code
- Current Benefit Structure and Current Benefit Rates
(if applicable)
- Renewal Benefit Structure and Renewal Benefit Rates
(if applicable)
- Current renewal experience worksheet and/or claims reports, vendor reports and any other medical claims history and/or member prognosis information *(if applicable)*
- [Medical History Questionnaires](#) completed by each employee *(FCC Network - 14 or fewer employees applying for coverage) / PPO network - required for employees when 25 or fewer applying for coverage)*

Please quote the following plans:
