



# ODS Alaska Proposal Request Form (100+ groups)

Proposed Effective Date: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 NAICS Code: \_\_\_\_\_  
 Reason for Quote: \_\_\_\_\_  
 Monthly employer employee contribution: \_\_\_\_\_  
 Current medical insurance carrier: \_\_\_\_\_

REQUESTED TYPE OF PLAN:		
<input type="checkbox"/> Standard PPO	<input type="checkbox"/> HSA	<input type="checkbox"/> Beneficial PPO
Agent: _____		
Agent Commission Level: _____		
<input type="checkbox"/> Current Client	<input type="checkbox"/> Prospective Client	

Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Fax Number: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Monthly dependent contribution: \_\_\_\_\_  
 Number of employees outside of Alaska: \_\_\_\_\_

## REQUIREMENTS

Please provide the following required information.

### Experience

- 24 months of claims, premium and enrollee data broken out monthly, by line of business

### Reports

- Medical large claims report (should match experience)

### Rate History

- Current and renewal rates for the last three years

### Benefits

- Current benefit summaries (if current benefits differ from previous year, please include prior benefits)

### Additional Information

- Quote submission date: \_\_\_\_\_
- Quote due date (standard turnaround time is 10 business days): \_\_\_\_\_
- "Current census", including enrollment class

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_