BenefitMall
Account Services Division

TRUMARK HEALTH

# New Business Referral RFP

**Contacts:**
**Edd Pratt**
**edd@recoveredrevenue.com**

**Send your referral request and member-level census to:**
referrals@benefitmall.com

## Broker Information

☐ Small Group Market (1–50) ☐ Middle Group Market (51–99) ☐ Large Group Market (100+)
☐ Composite Rate Quote ☐ Age Rate Quote

Broker / Agency: Edd Pratt/Trumark Health Phone: _____
Return Quotes to: _____ Email: _____
Company Name: _____ Years in Business: _____
Corporate Address: _____ Addt'l Work Site ZIPs: _____
Nature of Business or SIC: _____
Do you want BenefitMall to contact you before we contact the group directly? ☐ Yes ☐ No

**Requested Effective Date** Month: _____ Year: _____

**Employee Data** *Include FT, PT & Seasonal*

FT EEs: _____ PT EEs: _____ Eligible EEs: _____ COBRA: _____ # Electing: _____

**Current Carrier**

Medical: _____
Dental: _____
LIFE: _____
LTD: _____
Other: _____

**Claims Data** ☐ Attached ☐ Not Attached

Original Eff Date: _____
Vision: _____
STD: _____
HRA/GAP/FSA/HSA: _____

**Member Level Census is required for all requests** **DOWNLOAD THE CENSUS MANAGEMENT TEMPLATE**

## Plan and Carrier Selection – *Request plan info to quote below*

**Benefit Platform:**

☐ Fully Insured
☐ Level Funded
☐ Base ☐ Underwritten ☐ Commissions PEPM
☐ MEC
☐ Self Funded

Requested Plan Description: _____

**Ancillary:**

☐ Dental _____ ER Paid ☐ Voluntary ☐
☐ Vision _____ ER Paid ☐ Voluntary ☐
☐ Life _____ ER Paid ☐ Voluntary ☐
☐ STD / LTD _____ ER Paid ☐ Voluntary ☐

☐ Quote Delivery Type: ☐ Excel ☐ PDF ☐ CRQS ☐ Carrier

**Please be advised that some quotes may not be available in Excel*

## Notes

_____
_____
_____



*Cont.*

## Medical Carriers:

☐ Aetna ☐ Allstate ☐ Anthem ☐ Apex-MEC ☐ Blue Cross Blue Shield ☐ Cigna (25+) ☐ Cigna + Oscar ☐ Humana ☐ Kaiser ☐ Nippon Life ☐ Pan-American Life ☐ UnitedHealthcare

☐ Other _____

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## Ancillary Carriers:

☐ Aetna ☐ Ameritas ☐ Anthem ☐ Avesis ☐ Blue Cross Blue Shield ☐ Cigna ☐ Delta Dental ☐ Dental Select ☐ Guardian ☐ The Hartford ☐ Humana ☐ MetLife ☐ Nippon Life ☐ Principal ☐ Reliance Standard ☐ The Standard ☐ United Concordia ☐ UnitedHealthcare ☐ UNUM ☐ USAvision ☐ VSP

☐ Other _____

## Worksite:

☐ Allstate ☐ Cigna ☐ Guardian Life ☐ LifeSecure ☐ MetLife ☐ Principal ☐ The Hartford ☐ Transamerica

☐ Other _____

## Specialty Products:

☐ BenefitMall POP ☐ BenefitMall FSA ☐ BenefitMall HRA ☐ Allied Benefit Suite ☐ ArmadaCare ☐ CyberScout ☐ Discovery/Wex – COBRA ☐ freshbenies ☐ Health Advocate ☐ HSA Bank ☐ IMG – *Global insurance benefits* ☐ MASA Medical Transport Solution ☐ MetLife Legal Plans ☐ Pet Benefit Solution ☐ Self-Funded Division ☐ Sterling Admin ☐ TASC

☐ Other _____

| | | |
|---|---|---|
| **MEDICAL** | ☐ Deductible: _____ ☐ Coinsurance: _____ ☐ Copay: _____ | |
| | ☐ Plan Names: _____ | |
| **DENTAL** | **Deductible** | ☐ $25 ☐ $50 ☐ $75 ☐ Other |
| | **Coinsurance** | ☐ 100/90/60, 100/80/50 ☐ 100/80/50, 80/80/50 ☐ 100/80/50, 100/80/50 ☐ Other |
| | **Annual Maximum** | ☐ $1K ☐ $1.5K ☐ $2K ☐ $2.5K ☐ Other |
| | **UCR or MAC** | ☐ 80th ☐ 90th ☐ MAC |
| | **Employer Paid or Vol** | ☐ Employer Sponsored ☐ Voluntary |
| | **Office Co-pay** | ☐ $0 ☐ $10 ☐ $25 ☐ Other |
| | **Endo/Perio** | ☐ Basic ☐ Major |
| | **Waiting Period** | ☐ Yes ☐ No |
| | **Child Ortho** | ☐ $1K ☐ $1.5K ☐ Other |
| | **Adult Ortho** | ☐ $1K ☐ $1.5K ☐ Other |
| **VISION** | **Exam** | ☐ $10 ☐ $15 ☐ $20 ☐ Other |
| | **Material Co-pay** | ☐ $15 ☐ $20 ☐ $25 ☐ Other |
| | **Frame Allowance** | ☐ $120 ☐ $130 ☐ $150 |
| | **Contact Lens:** _____ | |
| | **Service Interval** | ☐ 12/12/24 ☐ 12/24/24 ☐ 12/12/12 |
| | **Employer Paid or Vol** | ☐ Employer Sponsored ☐ Voluntary |
| **LIFE** | **Benefit Type** | ☐ Flat Amount ☐ Salary |
| | **Amount** | ☐ $15K ☐ $20K ☐ $25K ☐ $50K ☐ Other |
| | **Dependent Life** | ☐ $5K ☐ $10K |
| | **Vol Life** | ☐ Amount: |
| **STD/LTD** | **Elimination Period** | ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days |
| | **Benefit %** | ☐ 60% ☐ 66-2/3% ☐ Other |
| | **Max. Monthly Benefit** | ☐ Amount: ☐ Own Occ: |

*Carrier list is not exhaustive and subject to change.*





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