

# Secure Your Rates

Medical Rates Checklist. Send in the docs. Check the box. We'll do the rest.

Quotes should be sent to [quotes@emihealth.com](mailto:quotes@emihealth.com)

- Group name, address(es), SIC code
- Indicate whether "Current Client" or "Prospective Client"
- Census in Excel of all eligible employees and their dependents including the following:
  - First and last name
  - Date of birth
  - Gender
  - State
  - Zip code
  - Coverage tier
- Current and renewal rates and benefits
- Current medical plan invoice or renewal file from carrier including covered employees
- Individual health questionnaires for groups with 15 or fewer currently enrolled employees
  - Individual health questionnaires for groups up to 25 may be requested depending on initial underwriting.
  - Claims experience is requested whenever available. It will be accepted in lieu of individual health questionnaires.

***(The reporting must include a monthly claims history report, a large claimant report with diagnosis information, 12 months of claims history, and have been produced in the last 45 days)***
- Group risk evaluation form for all groups (unless individual health questionnaires were provided).
- Claims experience for groups that are self-funded, level-funded or have over 100 enrolled
- Individual health questionnaires for any size group if no current coverage is offered

Contact your Sales Representative today to secure your rates.