



**CRYSTAL RUN HEALTH INSURANCE COMPANY, INC.
INFORMATION REQUIRED FOR A QUOTE**

1. Census including for each employee (preferably in an Excel file):
 - a. Name, gender, DOB or age and home zip code;
 - b. Eligible or ineligible for insurance, with reason if not eligible;
 - c. If insured by employer, carrier and level of coverage selected (e.g., Employee, Employee + Spouse, Employee + Child(ren), Family);
 - d. If not insured by employer, reason not insured (e.g., Spousal Waiver, Not Interested, etc.)
 - e. If employee(s) work outside the area: town or city where they work.
 - f. Percentage of premium contribution from the employer on each tier
2. Current benefits (copy of benefit summary), current rates (copy of bill) and renewal rates (copy of quote) for all carriers currently offered or considering.
3. For HSA's or HRA's, employer contribution as a percent of deductible.
4. New benefit plans or benefit modifications group may be interested in.
5. Intentions with respect to total replacement or multiple carriers.
6. Percent Employer Contribution
7. Claims information, for group greater than 100.
8. High claimant information to include: prognosis & diagnosis and any pending high dollar surgeries.
9. Number of years with current carrier? If more than 1, can you provide carrier premium history?
10. Company SIC Code or industry type?
11. Riders desired:
 - a. Age 29;
 - b. Vision – Eye Exam;
 - c. Vision – Enhanced Vision Care;
 - d. Family Planning Religious Exemption;
 - e. Expanded Ambulatory Care.