WARNERPACIFIC
INSURANCE SERVICES

Company Name:	Requested Effective Date:
Company Address, City, State & Zip Code:	
Company contact	
Phone	Fax
E mail	

About the group

How long has the company been in business?	
Type of business:	**SIC Code:**
Any locations other than the home office:	
Any 1099 seasonal or temporary employees?	
Any affiliated companies? If yes, are they eligible to file a combined tax return? If yes, can be considered one employer for determining group size.	

Determine group size

How many employees work 24 hours / week on 50% of the business days in the preceding calendar quarter?
Exclude seasonal, temporary and 1099

If 51 or more excluding seasonal / temporary and 1099 employees, then this is a large employer group.

Is group subject to State Continuation or COBRA	Are any enrollees participating in Medicare?

Define your eligibility

Hours worked/ week to be eligible for benefits:	Probationary period	30 60 90 180 days (Some carriers have a 180 day max)
Is this a management carveout :		

Participation and Contribution

How many employees are currently eligible:	
How many are currently enrolled:	
If group has participation problem, introduce Anthem's Benefits program.	
Current Employer Contribution Employee:	Dependent:
Discuss a defined vs. percentage of premium approach	Is there a need for a POP or CORBA administration service

Plan Design

Current Carrier:	
Current Plan Design	

Current Rates		Renewal Rates	
EE		EE	
ES		ES	
EC		EC	
FAM		FAM	

General

What are the employer's concerns about the current benefits package?
Would the group like to have any ancillary benefits quoted?