FrankCrum
PAYROLL • INSURANCE • BENEFITS • HR

HEALTH UNDERWRITING
SUBMISSION CHECKLIST

This checklist is designed to provide details on documents/information the FrankCrum Benefits team requests to accompany quote submissions. All quote requests should include the following information:

Check All Health Benefit Options That Apply:

- ☐ **Interested in the FrankCrum Master Health Insurance Program**
- ☐ **Interested in Client Sponsored/ Open Market Health Insurance**
- ☐ **Interested in Self-Funded/Level Funded Health Insurance**
- ☐ **Interested in ICHRA**

Virgin Groups (No current coverage):

☐ **Member-Level Census to include enrolling dependents (if currently available)(See the FC sample census template for required data fields)**

If Group Currently Provides Coverage to Employees:

All data requested below is **required** for final underwriting and fully underwritten rates. If ALL requirements are not received, a preliminary quote may be requested and provided based on census information and actuarial assumptions, preliminary quotes are not fully underwritten, **and expires after 15 days.**

☐ **Member-Level Census to include enrolling dependents**
(See census data requirements below)

☐ **Current Plan Designs/Rates**
If not provided, side-by-side comparisons will not be shown in proposals.

☐ **Renewal Date/Rates/Plan Designs**
Recent health insurance invoice (or benefits register, if with a PEO) documentation submitted must be detailed - not a summary- and include employee-level information. If effective date is within 60 days of renewal (past or future), we require a copy of the renewal to firm quote(s). If renewal is not submitted within 15 days of the quote release date, quote is not valid. *Do not advise client to terminate current coverage until quote is "firm".*

Census Must Include (access Census here) :

☐ **Company name, location, desired effective date, current carrier, renewal date**
If this information is not included, quote issued using ee zips. Above data will be required to firm up final rates.

☐ **FTE employees on payroll (FT/PT, including any COBRA participants), including dependents**
Include first/last name, DOB, gender, and home zip.

☐ **Coverage level (EE, EE + Spouse, EE + Child/ren, or Family) or status**
"WO" if waiving coverage, "WP" if in new hire waiting period, "NE" if not eligible for coverage, "RC" if refusing coverage.

Standalone Large Groups (100+), Level-Funded, or Self-Funded Also Require:

☐ **Most recent 12 months claims experience (Groups currently on a PEO Master Health Plan are excluded)**
Include plan participants per month, premiums per month, and total paid claims per month

Please be aware open market quotes may require a:
Group Health Questionnaire (GHQ), Federal Employer Identification Number (FEIN), Primary Company Address, SIC Code.

Please submit this documentation to salesadmin@frankcrum.com

We recommend a full quoting submission be sent no later than 60 days prior to coverage effective date to maximize sales process and implementation timeline.

All information submitted to benefits underwriting must be accurate and complete to the best of the requestor's knowledge. For organizations with 200 or more employees, leadership review is required prior to finalizing any plan or pricing and requires additional time to quote. FrankCrum requires all prospective clients to provide accurate and complete member-level census data, along with any relevant benefit-related documentation, as outlined in the provided checklist. The accuracy and completeness of this information are critical for generating pricing for employee benefit plans. If FrankCrum, in its sole discretion, determines that any submitted information is incomplete, inaccurate, or has materially changed either prior to contract execution or during benefits enrollment, FrankCrum reserves the right to amend or rescind the proposal as necessary. If all required information is not received prior to underwriting, the rates provided will be considered for illustrative purposes only. All required documents must be submitted prior to final underwriting to ensure accurate pricing and coverage.