



# FIRST SOURCE

*benefits group*

## Small Group

(2-50 Eligible Employees)

### *Request for Proposal Checklist*

GROUP CENSUS

When completing the census, please provide the following:

- Name
- Gender
- Date of Birth
- Coverage Status (i.e., employee only, employee/spouse, employee/child(ren), family, life only or full waiver)
- Number of Children
- Salary (hourly rate or annual salary)
- Occupation
- Residential Zip Code – if employee lives outside of Ohio
- Worksite Zip Code – if group has multiple locations
- COBRA participants

CURRENT COPY OF BENEFIT DESIGN(S)

CURRENT RATES AND RENEWAL RATES

COMPLETE ADDRESS FOR ALL LOCATIONS

Please include the complete address of all locations if group has multiple locations.



# FIRST SOURCE

*benefits group*

## Large Group

(51+ Eligible Employees)

### *Request for Proposal Checklist*

- GROUP MEDICAL QUESTIONNAIRE  
When completing the questionnaire, please provide as much detail as possible.
  
- GROUP CENSUS  
When completing the census, please provide the following:
  - o Name
  - o Gender
  - o Date of Birth
  - o Coverage Status (i.e., employee only, employee/spouse, employee/child(ren), family, life only or full waiver)
  - o Number of Children
  - o Salary (hourly rate or annual salary)
  - o Occupation
  - o Residential Zip Code – if employee lives outside of Ohio
  - o Worksite Zip Code – if group has multiple locations
  - o COBRA participants
  
- CURRENT COPY OF BENEFIT DESIGN(S)
  
- CURRENT RATES AND RENEWAL RATES
  
- 2 YEARS EXPERIENCE – if group has more than 100 eligible employees
  
- COMPLETE ADDRESS FOR ALL LOCATIONS  
Please include the complete address of all locations if group has multiple locations.