

**Please furnish the following so that we may accurately shop your group's benefits:**

- 1> **Rates**- Current, last year, and previous year's rates.
- 2> **Experience reports**- (Groups with 100+ Employees) for the past 2-3 years.
- 3> Copy of your **most recent bill**.
- 4> **Plan design(s)** or benefits sheet for the current year.
- 5> **Health Questionnaires** – (Aetna, United, BHT) print, complete, sign.
- 6> **Authorization letter** – please print onto your letterhead, adjust, and sign.
- 7> Copy of the **company policies** (regarding benefits) or please answer the following:
  - a> Employer contribution to the employee portion of the premium\_\_\_\_\_
  - b> Employer contribution to any dependent premium\_\_\_\_\_
  - c> How long a new employee must wait/work to be eligible for the plan\_\_\_\_\_
  - d> Do you intend to exclude a class of employees? If so which employees\_\_\_\_\_
  - e> Do you plan to offer a dual choice or base buy-up plan to employees\_\_\_\_\_
- 8> **Census of employees** -list should contain the following information for every employee:
  - a. Employee name (list participating employees first)
  - b. Gender
  - c. Zip code of residence
  - d. DOB
  - e. DOB or age of spouse only if enrolling
  - f. Number of children that will enroll under the employee
  - g. If offering group disability or life – (please include Salary & Title)
  - h. If you have union employees, group them separately on the form.
  - i. Skip a line and list employees who will not be enrolling and indicate why (part-time, seasonal, union, waiving for other coverage or cost)

**Please return all items to:**

[Info@wingertfinancialservices.com](mailto:Info@wingertfinancialservices.com)

Or fax to (425) 385-8931

Or mail to: PO Box 13798, Mill Creek, WA 98082