



# Combined Services LLC

EMPLOYEE BENEFITS

WWW.COMBINEDSERVICES.COM

## Request for Proposal Checklist

### GROUP LIFE, AD&D, DEPENDENT LIFE, SUPPLEMENTAL LIFE, SHORT & LONG TERM DISABILITY

- Prospect name, location, zip code, industry (S.I.C. code), requested effective date
- Current carrier, current rates and renewal rates (if within 60 days of renewal)
- Census: Date of birth, gender, occupation (LTD only), salary & salary mode (if salary based benefit), class and date of hire if waiting period is greater than 6 months
- Description of current and requested plan designs
- Employer contribution level
- Enrollment, premium/claims/rate history
  - Life 500+ Lives - last 5 years
  - LTD 300-500 Lives - last 3 years
  - LTD 500+ Lives - last 3 years
- Open & closed LTD claims listing – prognosis, date of disability, gender, nature of disability, date of birth, net monthly benefit

### GROUP AND VOLUNTARY DENTAL

- Prospect name, location, zip code, industry (S.I.C. code), requested effective date
- Current carrier, current rates and renewal rates
- Census: Date of birth, gender, family status (EE only, EE & Spouse, EE & Child(ren), EE, Spouse & Child), zip code
- Premium, enrollment and history of claims for three years
- Zip code of each employer location
- Copy of current policy or certificate
- Current and requested plan designs
- Employer contribution level
- Current invoice of existing plan in place

### AVESIS VISION PROGRAM

- Prospect name, location, zip code, industry (S.I.C. code) and requested effective date
- Employer paid or voluntary, plan design and co-payment

### VOLUNTARY LIFE, AD&D, SHORT & LONG TERM DISABILITY

- Prospect name, location, zip code, industry (S.I.C. code) and requested effective date
- Total number of eligible employees, current and requested plan designs
- For groups over 50 lives, Census: Date of birth, gender, occupation (LTD only), salary & salary mode (if salary based benefit), class and date of hire if waiting period is > 6 months
- Provide a copy of current policy and enrollment information if group currently has voluntary plan in place.

### WORKSITE MARKETED PAYROLL LIFE

- Prospect name, location, zip code, industry (S.I.C. code), requested effective date
- Total number of eligible employees by location, current and requested plan designs

### INDIVIDUAL LIFE AND DISABILITY INCOME

- Prospect name, date of birth, gender, state of residence, smoker status, type of policy (Term, Whole Life, Universal Life)
- For D.I., occupation, exact duties, income, office in home (?), volume of existing coverage, premium payor, monthly benefit, benefit period, elim. period, self-employed (?) (sole prop., S-corp, partner, LLC)

### FLEXIBLE BENEFITS ADMINISTRATION

- Complete Flex Benefit Request for Proposal Form

### COBRA COMPLIANCE ADMINISTRATION

- Complete COBRA Compliance Request for Proposal Form

#### HOME OFFICE:

15 North Main Street, Ste 300  
Concord, NH 03301-4945

Phone: 1 603 227-2000  
Fax: 1 603 224-4256

#### REGIONAL OFFICE:

##### SOUTHERN NEW ENGLAND

140 Wood Road, Ste 304  
Braintree, MA 02184-2508

Phone: 1 781 848-9966  
Fax: 1 781 848-8554

Note: Call Combined Services LLC for appointment paperwork when submitting first case with each carrier.

Refer to carrier website(s) for most recent version of enrollment materials.

