



In order for us to quote the all of the most competitive carriers available, please provide the following information:

- Company's physical address
- Current and/or renewal rates, if available. Please note rate guarantees, if any.
- Current employee census. If you choose not to use the template that we provide you, please ensure that your census includes the following:
  - a. Dates of Birth
  - b. Genders
  - c. **Home zip codes for all employees** (Note: this is not mandatory if all employees are residents of Washington State. Please confirm that this is the case.)
  - d. Spouse and dependent status
  - e. If the employee will be enrolled in medical, dental, life, disability, all or none. If none, please note whether this is due to COBRA coverage, ineligibility, or waiving due to coverage elsewhere. **COBRA employees MUST be included on the census.**
  - f. For groups quoting disability, include: Job Title, Salary, hourly rate or total monthly payroll
- Detailed Plan Summary for each benefit.
- How long have you been with each carrier?
- An industry description and/or SIC code
- Percentage paid by employer for employees and dependents for each benefit
- Probationary period and number of hours employees are required to work per week to be eligible for benefits.
- Classes of employees and description (If any)
- Do you offer an employee buy up option for disability or life?
- Are any of your plans self insured? If so which ones and please explain the policy and who the TPA is, if any.
- Completed and signed health questionnaires as provided by Northwest Benefit Solutions, if applicable.

Please note: Incomplete information may prevent us from being able to quote to all available carriers.