



## Health Connections Medical RFP Checklist

To get your most competitive and timely proposal, please email [HCSales@cbia.com](mailto:HCSales@cbia.com) with your **company name** and **desired effective date** in the subject line. Be sure to include all requested information in your email.

### Eligibility

- A minimum of 10 enrolled employees is required
- A Connecticut address is required for at least one of the business's locations

### Business Information

- Full legal name (please note DBA if applicable)
- Address
- SIC code

### Census

- Most recent census in Excel with each person on a new row. Please include the following for each subscriber and dependent: first and last name, gender, date of birth, status (active, retiree, COBRA), relationship (employee, spouse, child), zip code, coverage tier (EE, ESP, EC, FAM), plan type.

*If more than one plan is in-force, please indicate the current enrolled plan for each subscriber.*

### Current Plan Information

- Plan summary
- Current plan(s) schedule of benefits

### Claims Data

- For level or self-funded plans, at least nine months of paid claims experience

### Additional Information

- Latest renewal available
- Current and renewal rates/factors (if available)

Please send all RFPs to [HCSales@cbia.com](mailto:HCSales@cbia.com)