## Final Underwriting will not be initiated until these items are reviewed

- Group Health Benefits Evaluation and Selection Survey (GHBESS)
- Personal Health Questionnaire (PHQ)
- Premium Statement for the month immediately preceding the proposed effective date
- Most current Tax & Wage report\*\*
- Current employer census (including all COBRA & retirees)
- Current and requested plan design
- Claim's Experience (when available)
- o Copy of Proposed Quote the employer is applying for
- o Copy of Current Plan of Benefits
- For mid-year enrollees, special enrollees, new hires and any merger or acquisition, PHQs are required for all enrollees for groups < 50 EEs.</li>

## **Required if Currently Traditional Self-Funded**

- Monthly claims for the 24 months ending with the proposed effective date
- Monthly enrollment for the 24 months ending with the proposed effective date
- Large Claim reports for the current and prior years
- o Contract type (12/12, 12/18, 12/24)
- o Description of current plan of benefits
- Current and renewal rates and factors