



Date: \_\_\_\_\_

TAC EBS: \_\_\_\_\_

**GROUP HEALTH INSURANCE**  
**PROSPECT PROPOSAL REQUIREMENTS**

Please provide the following information so that we may prepare a qualified proposal. *Proposals require at least two work weeks for processing from the time TAC receives the complete information to the time the proposal is mailed to the County.*

Entity Name:		Contact Person:	
Phone Number:		Fax Number:	
Anniversary Date:	Date due to County:	Decision Date:	

Requests for Proposal that are sent in too early may not be processed due to the lack of information available for the current plan year. Proposals requested too late may not be processed due to insufficient time to properly prepare a quote. Standard guidelines for the proposal process are as follows:

- 3 months prior to Anniversary Date (A.D.) distribute RFP with due date no later than 2 months prior to A.D.
- Discussion (or workshop) dates, insurance committee presentations and/or decision dates should be set within 2 weeks following the due date.
- At least 1 month prior to the effective date enrollment should take place in order to process the group properly and get Identification Cards to employees in a timely manner.

In order to develop a responsible proposal we request the following information:

**EMPLOYER CONTRIBUTION:**

Please indicate the % or \$ amount currently paid by County/Entity.

Product	Health	Dental	Group Life & AD&D	Add'l Life	LTD
Emp:	_____	_____	_____	_____	_____
Dep:	_____	_____	_____	_____	_____

**ENROLLMENT DATA:**

Total on Payroll:	Full time _____	Part time _____	Retirees _____	COBRA _____
Total Eligible for Health:	Full time _____	Part time _____	Retirees _____	COBRA _____
Total Eligible for Life	Full time _____	Part time _____	Retirees _____	COBRA _____
Total on Group:	Health _____	Dental _____	Life _____	Dep. Life _____

**ADDITIONAL INFORMATION:**

Do you have a broker? \_\_\_\_\_ If so, please provide name, \_\_\_\_\_  
address, and phone number: \_\_\_\_\_

Broker Commission % \_\_\_\_\_ or \$ \_\_\_\_\_ or Unknown \_\_\_\_\_

Life Insurance Carrier: \_\_\_\_\_

Life volume: \_\_\_\_\_ Life Rate: \_\_\_\_\_ AD&D Rate: \_\_\_\_\_

Do you offer a Prescription Drug Card? \_\_\_\_\_ What are the co-pay amounts? \_\_\_\_\_

Deductible (if any) \_\_\_\_\_

List the hospital (s), clinic (s) where employees go for general/routine medical needs: \_\_\_\_\_

List where employees go for major medical needs: \_\_\_\_\_

Do you have an Insurance Committee? \_\_\_\_\_ Will the committee interview prospective coverage providers? \_\_\_\_\_

Will the court hold workshops for the purpose of discussing proposals? \_\_\_\_\_

***The following information is necessary to prepare a proposal. Please fax or send the requested documents to TAC.***

**FULLY INSURED**

Summary of Benefits Booklet

Network Directory

Current Billing and Prior Year Billing (1 month)

Census (name, DOB, sex, dependent status)

Claims Experience Summary (2-3 years)

Top Claims Report (employment status, age, diagnosis, prognosis, cost, COBRA w/ expiration date)

Premium Summary (2-3 years)

**SELF-INSURED**

Summary of Benefits Booklet

Network Directory

Administration Contract

Reinsurance Contracts (specific & aggregate)

Current Billing and Prior Year Billing (1 month)

Census (DOB, sex, dependent status)

Claims Experience Summary 2-3 years (Aggregate Report)

Top Claims Report (employment status, age, diagnosis, prognosis, cost, COBRA w/ expiration date)

Funding Summary – 2-3 years (admin., re-insurance, claims funding levels – expected or maximum liability = total deposits)

Reserve Account Summary

If you have any questions, please contact your TAC Employee Benefit Specialist:

Northwest Texas – Rob Ressmann

Northeast Texas – Jerome Hill

Southwest Texas – Maria Castillo

Southeast Texas – Lauren Henry

**Please mail completed form and requested documentation to:**

Texas Association of Counties

P.O. Box 2131

Austin, TX 78768

ATTN: Employee Benefits

Phone: 800-456-5974; 512-478-8753 Fax: 512-481-8481

[TAC-EBP@County.Org](mailto:TAC-EBP@County.Org)

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