

# MASSACHUSETTS REQUEST FOR QUOTATION FORM (GROUPS 51+)



Broker/Agency:
Address:
Phone:
Fax:
Date:
From:
Company: Tufts Health Plan
E-mail: Large_group_prospects@tufts-health.com
Fax: 617-923-5880
Phone: 617-923-5406

Please provide the following information in order for us to proceed with a quotation:

Group Name:
Effective Date:
Location in MA (full address):
SIC Code:
Nature of Business:
Contribution % employer pays toward insurance:
Total number of eligibles:
Number of waivers for medical coverage:
Number of COBRA:
Current carrier:
Current and Renewal rates:
Plan Design for Current:
Plan Design for Renewal:
Claims experience (month by month with corresponding enrollments) for groups over 100 eligibles:
Shock loss information for claims greater than \$10,000 for groups over 100 eligibles:
Census should include: dates of birth, gender, zip codes, plan design, and COBRA participants

Thank you in advance.

Notes:
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