

RHODE ISLAND REQUEST FOR QUOTATION FORM (GROUPS 51+)



To (contact)
Company:
Fax:
Date:
From:
Company: Tufts Health Plan
E-mail: Large_group_prospects@tufts-health.com
Fax: 617-923-5880
Phone: 617-923-5406
Group Name:

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

Effective Date:
Location in RI:
SIC Code:
Nature of Business:
Contribution % employer pays toward insurance:
Total number of eligibles:
Number of waivers for medical coverage:
Zip codes for all employees who reside outside of RI on census:
Current carrier:
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 on disk (if possible):

Thank you in advance.

Notes:
