

# REQUEST FOR PROPOSAL

V082024

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Due Back:  Name of Group:

Location:

Nature of Business or SIC Code:

Effective with Carrier:

Funding Arrangement:

Employer Contribution (if any):

## Current Rate History

	Current	Renewal
Employee Only		
Employee & Children		
Employee & Spouse		
Employee & Family		



## Additional Requests

<b>Specific Amounts Requested</b>	
<b>Contract Types Requested</b>	
<b>PPO Network or MRBP Requested</b>	

### Requested Benefits: Medical

### Notes



### Please attach the following documents when emailing request:

1. Current Census in Excel Format: Must have DOB, Gender, Zip, plan (if applicable), and Tier (medical election, i.e. Employee only etc.)
2. Current Benefits
3. Claims Experience 2-3 Years
4. Trigger Diagnosis Claims Details
5. Details On Claims At Or Expected To Exceed 50% Of The Specific
6. Current PPO Savings Report
7. Current Cost Containment Vendors
8. Proposed Cost Containment

✓ Please send completed RFP's to:  
[rfps@vistaunderwriting.com](mailto:rfps@vistaunderwriting.com)

✓ Questions please contact your sales rep or our main office at **610-566-1666**