



# Request For Quote

## Self Funded Benefit Plan

We welcome the opportunity to provide a proposal for self-funded group health plan administration. Please submit the information requested below to [RFQ@prodegibenefits.com](mailto:RFQ@prodegibenefits.com).

To ensure we have the information we need to best respond, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time. Thank you!

## Requesting Party / Agent / Broker

Are you a broker/agent?

CONTACT NAME

Yes

No

EMAIL FOR PROPOSAL DELIVERY

PHONE NUMBER

## Client Information

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

INDUSTRY OR SIC CODE

NUMBER OF ELIGIBLE EMPLOYEES

Renewal Date

Is Group Currently Self-Funded:

CURRENT CARRIER AND/OR TPA

Yes

No

SERVICES TO BE INCLUDED IN PROPOSAL

Medical Plan

Vision

HRA

FSA

Telehealth

Dental

STD

Wellness

Direct Primary Care (DPC)

**IMPORTANT: PLEASE SUBMIT THE DOCUMENTATION LISTED ON THE FOLLOWING PAGE.**

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## Supporting Documentation for Quote

Census in Excel Format (include employee name, dates of birth, gender, zip code, requested coverage tier (single/ spouse/child/ family), and plan/option selection if more than one plan is offered.  
Current Benefit Summary and Requested changes to benefits

3 years monthly claims and enrollment history if available

Premium Rates for previous year, current year and Renewal

Large Case Management Report and Precertification Report

Large Claimant detail with diagnosis and prognosis

**Please submit as much of the above requested information as is available to ensure the most competitive stop loss quote. Individual health statement may substituted if claims data is unavailable.**

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## Other Information

Requested Commission:

Date Proposal is Needed: \_\_\_\_\_

Other Instructions or Notes: \_\_\_\_\_  
\_\_\_\_\_



## Contact Prodegi

Phone: 800-246-4622 ext 5501

Email: [bwasson@prodegibenefits.com](mailto:bwasson@prodegibenefits.com)