GROUP HEALTH REQUEST FOR PROPOSAL

GROUP INFORMATION

Company Name:
City:
Zip :
Effective Date:
# of Eligible Employees:

BROKER INFORMATION

Name:
Agency Name:
Email:
Phone:
Lic#:

				Required Fields in Orange Lettering			
First Name	**Last Name**	**Date of Birth**	**Age**	**Medical Status (EE,ES,EC or EF) for EE (SP or CH) for Dependents**		**Zip**	**Gender (M,F)**

1. Enter infomation for employees.

2. Enter Age or Date of Birth

3. Save the Excel (*.xls) file to your system
   shopquotes@pinnacletpa.com

Reference
EE = Single
ES = Employee / Spouse
EC = Employee / Children
EF = Employee / Family
SP = Spouse
CH = Child

Instructions

Steps	Instructions
1	Enter first/last names for employees and dependents (optional).
2	Enter DOB or Age **(DOB is strongly recommended)**. DOB or Age is a required field for both employees and dependents. If entering age instead of DOB for any employees or dependents, the system calculation may not reflect the true age on the day the group is being quoted (please make sure all listed ages are as of the new effective date).
3	Enter each employee's medical status (See definition section on the right). For statuses different than EE, please add the spouse and/or child status underneath the employee's **(see the highlighted rows in the below example)**. The status field is required for employees and dependents.
5	Enter the employee and dependent(s) zip codes (Required fields).
6	Enter employee gender. Leave dependent(s) gender field empty because it is not used in the User Interface (UI).

Definitions

Field Name	Description
EE	Employee
ES	Employee / Spouse
EC	Employee / Child-Children
EF	Family

Example Census

First Name	Last Name	Date of Birth	Age	Medical Status (EE,ES,EC or EF) for EE (SP or CH) for Dependents	Zip	Gender (M,F)
James	Clark	1/1/1980		EE	91208	M
Sara	Smith	1/1/1970		ES	92808	F
John	Smith	1/1/1972		SP	92808	M
Jack	Silver	1/1/1972		EC	90210	M
Bob	Silver	1/1/1993		CH	90014	M
Sam	Welch	1/1/1968		EF	92402	M
Susan	Welch	1/1/1970		SP	92402	F
Heather	Welch	1/1/1987		CH	92402	F