

# Your guide for quoting business with Fallon Health

Thank you for quoting business with Fallon Health. Please provide the required information listed below. **Preferred information is recommended in an effort to provide you and your customer the most competitive pricing.**

Group type	Required information	Preferred information
<b>Small Group</b> (50 or fewer eligible employees)	<ul style="list-style-type: none"> <li>Complete census with all eligible employees, including COBRA</li> <li>SIC code</li> <li>Member-level detail (subscriber's, spouse's and dependents' ZIP codes and dates of birth)</li> <li>Effective date</li> <li>ZIP codes</li> </ul>	<ul style="list-style-type: none"> <li>Employer address</li> <li>Current plan and rates</li> </ul>
<b>Currently Fully Insured CRC</b> (not subject to small group regs with <100 insureds)	<ul style="list-style-type: none"> <li>Complete census with all eligible employees (member-level detail preferred)</li> <li>Industry</li> <li>Effective date</li> <li>Renewal rates</li> <li>Current plan and rates</li> <li>Employee genders and ZIP codes</li> </ul>	<ul style="list-style-type: none"> <li>SIC code</li> <li>Employer address</li> <li>Member PCP list</li> <li>Membership report</li> <li>Employer contribution</li> <li>Copy of renewal</li> <li>Two years rate history</li> <li>HRA/HSA contribution</li> <li>Number of years with carrier</li> </ul>
<b>Experience Rated</b> (100+ insureds, or all currently self-funded accounts, regardless of size)	<ul style="list-style-type: none"> <li>Complete census with all eligible employees</li> <li>Industry</li> <li>Effective date</li> <li>Current and renewal rates</li> <li>Current plan designs</li> <li>Employee genders and ZIP codes</li> <li>Two years monthly membership data*</li> <li>Two years monthly claims data*</li> <li>Two years large claims data*</li> <li>Run-out report (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>SIC code</li> <li>Employer address</li> <li>Membership report</li> <li>Employer contribution</li> <li>Copy of renewal</li> <li>Two years rate history</li> <li>HRA/HSA contribution</li> <li>Number of years with carrier</li> <li>Requested plan designs</li> <li>Member PCP list</li> <li>Large claimant diagnosis &amp; status</li> <li>Large claimant prognosis</li> </ul>

\*Corresponding time periods.

## New account checklist

The enrollment process for new employer groups is simple. Please provide Fallon Health with the following information at least five business days prior to the effective date.

- Completed Fallon Health Automatic Clearing House (ACH) form, or binder check payable to Fallon Health for one month's advance premium
- Completed and signed membership transaction forms
- Employer application

## Questions?

Call Fallon Health's dedicated broker line at 1-866-746-4823, or visit our website at [fallonhealth.org/brokers](http://fallonhealth.org/brokers).

