



## Member Health Insurance Program Quote Request Check List:

Group Name:
Plan Effective Date:
Group Contact Person Name:
Contact Email:
Contact Phone:

Submit this form and any of the following applicable information to:  
[chodge@connerins.com](mailto:chodge@connerins.com)

- Completed census
  - Once census is submitted you will then receive a URL link that all eligible employees will need to use to complete a medical questionnaire for the medical plan quote.
- Current benefit information
  - Summaries, benefit booklets, etc.
- Current rates and renewal rates for all plans
- Copy of most recent renewal
- List of current carriers