



**REQUEST FOR PROPOSAL**  
CCHI/Cigna Net Self Funded Plan

<b>Name of Prospect</b>	
<b>Effective Date</b>	
<b>Location (City, State &amp; ZIP)</b>	
Other Locations (City, State & Zip)	<i>Please note on census</i>
<b>Nature of Business</b>	
<b>Number of Employees</b>	
<b>Password (for attachments, if applicable)</b>	
<b>Commission Total</b>	
<b>RFP Due Date</b>	

**PLAN INFORMATION**

<b>Current PPO Network Name(s)</b>	
<b>Current HMO Network Name(s)</b>	
Include HMO Employees in new plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are Retirees Covered?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Current Rates</b>	<b>Employee Only</b>	<b>Employee/Spouse</b>	<b>Employee/Child(ren)</b>	<b>Employee/Family</b>
PPO 1				
PPO 2 (if applicable)				
HMO 1				
HMO 2 (if applicable)				
<b>Renewal Rates</b>	<b>Employee Only</b>	<b>Employee/Spouse</b>	<b>Employee/Child(ren)</b>	<b>Employee/Family</b>
PPO 1				
PPO 2 (if applicable)				
HMO 1				
HMO 2 (if applicable)				

<b>Proposed Plan (please see next tab)</b>	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 4 (HSA) <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 5 (HSA) <input type="checkbox"/> Plan 3
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**REQUIRED ATTACHMENTS**

**Please provide the following items:**

<input type="checkbox"/> Census* (Excel Format Only)	<input type="checkbox"/> FormFire
<input type="checkbox"/> Plan Document(s)	<input type="checkbox"/> State Modifier
<input type="checkbox"/> Current Rates	<input type="checkbox"/> Current Year Experience Report (if available)
<input type="checkbox"/> Renewal Rates	<input type="checkbox"/> Prior Year Experience Report (if available)

\*Census should include DOB, Gender, ZIP Code, Coverage Tier (single/family, 4-tier, etc.), Status (active, retiree, COBRA) and Plan Name (if more than one).

**ADDITIONAL NOTES:**

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