Request for Quote (RFQ)

Please note: Send quotes to Quotes@HealthAlliance.org. Send questions to SmallGroup@HealthAlliance.org.

**Preliminary Quotes – Estimated turnaround: 3 – 5 business days**

1. Name and address of business, including ZIP code.
2. Requested effective date.
3. Census listing all employees:
   a. Date of birth for every intended member.*
   b. A ZIP code is needed for every employee.
   c. Type of coverage:
      i. Employee only.
      ii. Employee and spouse.
      iii. Employee and child(ren).
      iv. Family.
      v. Waiver with reason.**
4. Agency name and name of the specific agent (include general agency, if applicable).
   a. If agent is listed with a different agency than the one sending the quote request to us, we need clarification.
5. Please indicate if group is requesting deductible credit: ☐ Yes ☐ No

**Final Rates – Estimated turnaround: 3 – 5 business days**

1. Most recent State Wage and Tax document.
   a. Indicate if owner is also an employee.
   b. In lieu of a Tax and Wage:
      i. Business must be in operation for at least three months.
      ii. Submit a signed letter on letterhead with the Tax ID# and eligible employees with their status.
      iii. Submit one item from column A and one item from column B.
   c. Indicate employee status (full-time, part-time, seasonal or temporary).
2. Completed Health Alliance™ Small Group Illinois or Iowa Employee Application forms.
   a. Includes section for waiver of group coverage.
   b. This form must be signed by the employee and dated within 60 days of the effective date.
3. Completed applicable Employer Application and Eligibility and Enrollment Form (Exhibit B).
   a. Signed and dated within 90 days of requested effective date.
   a. Note: The group cannot have more than 40% of eligible employees outside the Health Alliance service area on a supplemental network.
   b. Out-of-area coverage is available on all plans through PHCS.
   c. Extended Network Program is available for students.
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
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<tbody>
<tr>
<td>IRS 1040 - Schedule C or F - Schedule of Sole Proprietor or Farming Income</td>
<td>Articles of incorporation</td>
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<tr>
<td></td>
<td>Partnership agreement</td>
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<tr>
<td>IRS 1065 - U.S. Return of Partnership Income</td>
<td>Current business, state or occupation license</td>
</tr>
<tr>
<td>IRS 1120 - U.S. Corporation Income Tax Return</td>
<td>Affidavits from customers or suppliers</td>
</tr>
<tr>
<td>IRS 941 - Employer’s Quarterly Federal Tax Return</td>
<td>Records of receipts, expenditures, invoices suitable for audit</td>
</tr>
<tr>
<td>IRS 990 - Not-for-Profit Annual Information Return</td>
<td>Leases and other contracts</td>
</tr>
</tbody>
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**Sold Commercial Group**

1. Signed acceptance letter along with first month’s premium check.

**Enrollment**

1. A post-implementation email is sent to the employer group once the group is in our system. The email includes the welcome letter, employer web portal information, Group Enrollment Agreement (GEA), Exhibit C and sold benefit worksheets. Please review and share all items with the client. The GEA and Exhibit C should be reviewed, signed and returned to ClientSupport@HealthAlliance.org within seven days of receipt.

2. ID cards and member materials are mailed to the member’s residence.

*Names are not mandatory, but appreciated.

**50% of eligible employees (minus valid waivers) must be enrolled.