



## **Working Waterfront Coalition Health Trust (WWC)**

### **Quote Request Checklist**

Thank you for your interest in Working Waterfront Coalition Health Trust (WWC). We want to make the quoting experience a quick and simple one. In order to expedite your quote, please include the following information on all requests for proposals (RFPs):

#### **General Group Information:**

- ☐ Group Name
- ☐ Address/City/State
- ☐ Zip Code
- ☐ Years in Business
- ☐ Requested Effective Date
- ☐ Industry Description
- ☐ SIC or/and NAICS code
- ☐ Employer Contribution Percentage (EE and Dep) for both Medical and Dental Coverage

#### **Group Census in WWC Template:**

- ☐ Employee: Name, Gender, Date of Birth (Ex. 01/02/15), Zip Code
- ☐ Spouse or Domestic Partner Name, Date of Birth
- ☐ Name and Date of birth for each child
- ☐ Medical Plan and Dental Plan Selection

#### **Medical: Current/Renewal Plan Information**

- ☐ Medical Renewal date
- ☐ Current Medical Carrier
- ☐ Current Association (if applicable)
- ☐ Current Medical Plan Designs (Deductible/Copay/Coinsurance/Out of Pocket Max/RX)
- ☐ Current Medical Rates
- ☐ Renewal Medical Rates

#### **Dental: Current/Renewal Plan Information**

- ☐ Dental Plan renewal date
- ☐ Current Dental Carrier
- ☐ Current Dental Plan design (Deductible/Copay/Coinsurance/Out of Pocket)
- ☐ Current Dental Rates
- ☐ Renewal Dental Rates

Working Waterfront Coalition Health Trust	
Quote Requests:	<a href="mailto:WWCquotes@dimarinc.com">WWCquotes@dimarinc.com</a>
General Questions:	<a href="mailto:WWC@dimarinc.com">WWC@dimarinc.com</a>
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