



TRADITIONAL SELF-FUNDING CHECKLIST

Group Name:	Eff. Date:	Broker:
Document	Received	Notes
Census – Inclusive of DOB, Gender, Coverage Tier, Zip Code		
Employer Demographics – Inclusive of Full Address, SIC Code, Effective Date		
Two Full Year Renewals		
Detailed Claims Reports (2 years min.)		
Large Claimant Report with Prognosis and Enrollment Status		
Detailed Rx Reports that include RX name and dosage		
Benefit Summaries for all lines being quoted		
Aggregate Reports (2 years)		
Contract Type i.e. 12/15, 12/12		
Specific Deductibles i.e. ½ EE x 1,000		
Broker Compensation		
Networks/RBP?		

**FOR MORE INFORMATION,
PLEASE CONTACT:**

Group Benefit Services, Inc.
6 North Park Drive, Suite 310
Hunt Valley, MD 21030
T 800.638.6085
nationalsales@gbsio.net



ON YOUR TEAM.