

Graphic Communications National Health & Welfare Fund

Information/Data Request Checklist

The following is the information needed to evaluate options in developing rates for National Fund Participation.

Required from all Applicants

1. Census and Zip Code Information: Include name and/or social security number, gender, date of birth, dependent status (single or married), health coverage elections of all participants and 5-digit residence zip code. Active, retiree (Medicare & Non-Medicare), and employee(s) on COBRA status must be indicated on the census. Please provide in Excel or delimited text format.
2. Current Benefit Summary: Information provided should include a description of the schedule of benefits for all coverage's and include any eligibility provisions. Summary Plan Descriptions and amendments, Certificates of Insurance, etc. are important.
3. Retiree Coverage: If retirees are covered, provide a description of the benefits available to retirees as well. This includes any coordination with Medicare provisions and eligibility rules.
4. Carrier History: Please provide a listing of carriers for the past three (3) years.

Additional Requested Information as Indicated – Please provide if available

Please provide the following information if available. It would be to your advantage to provide us with as much of the following information as is available. We want to be able to provide you with the most accurate quote possible, and in order to do that the more complete the information we have, the better the opportunity of the Fund being able to provide an advantageous quote for you.

Claim Experience for each benefit for each of the last three years (medical, dental, prescription drugs, vision, etc.). The experience should include the dollar amount of annual claims for each benefit, number of covered lives for each benefit, and current premium rates for each benefit and the premium paid in each of the last three years for each of the benefits.

Copies of the most recent three-month billing statements for each current group insurance benefit. (Census information must indicate employees participating in each health coverage plan.)

Health History Questionnaire: If unable to provide claims experience this is a brief survey for each participant to complete in confidence. This is completely de-identified information that can not be traced back to any employee, and is only used in the underwriting of your rates.

Print Name/ Title

Signature Date

Local Union# Employer

E-Mail Address
