



In order to quote your employee benefit plan, HSCG will need the following:

Eligibility:

Eligibility census per location (including employee name, social security number, gender, date of birth, date of hire, address, coverage status (single, family etc.) and effective date of coverage).

COBRA:

Please include all COBRA participants, date of birth, gender, coverage status, COBRA effective date and paid through date.

Plan Documents:

Plan Documents: Electronic copies of all plan documents currently in effect per location.

Monthly Paid Claims Reports:

The Monthly Paid Claims Report for 2005, 2006, and 2007 year to date by location.

Specific Analysis Reports:

An Individual Specific Analysis of all individuals who had reached 50% of their specific level 2005, 2006 and 2007 year to date by location.

Hospital Authorization Report:

A listing of all hospital authorizations for 2006 and 2007 year to date by location.

Case Management Report:

Case Management report showing all case notes and prognosis reports for all high claims in excess of \$10,000.

**Please send all of the above requested data to the attention of:
David Rhodus drhodus@healthscg.com OR Fax: 630-206-1055**

Thank you for this opportunity to quote this business!