

Quoting checklist for ACA flip to 51+

Contact:

Broker contact name:

Broker email:

Employers:

Group legal name:

Primary group contact:

Phone:

Email:

Original effective date:

Total employees:

Total eligible employees:

Required FT hours:

Required PT hours, if applicable:

New hire criteria:

Employer premium contribution:

Additional required documents:

- Group size cert
- Current SOB or current ACA plan offering
- Current GFA quote, if one was provided at renewal
- Current group census in Excel, including name, gender, full birthday, tier selection (attachment)

Other:
