



# Consolidated Billing Information Proposal Checklist

Please include the following information with your Request for Proposal:

## GENERAL INFORMATION

- Type of business /industry?
- In what state is the client domiciled?
- Is division or departmental billing required?  Yes  No:  
*If yes, please list names of all divisions or departments?*
- Will client pay with one check or multiple checks by division or department?
- TPSC to include COBRA Administration services?  Yes  No  
*If no, name of COBRA Administrator?*  
*Will COBRA Administrator submit premium payments via TPSC or direct to carrier(s)?*
- Are employees and/or dependents allowed to waive any coverage options?  Yes  No  
*If yes, please provide details by line of coverage.*
- TPSC to maintain records for employee waivers?
- Will all carriers accept a TPSC created combined enrollment form?
- Will TPSC receive eligibility/enrollment information from client, or 3rd party vendor?  
Format (i.e., paper enrollment, excel census file, EDI file from payroll vendor or carrier, etc.)

## LIFE INSURANCE, LONG TERM DISABILITY, SHORT TERM DISABILITY, VOLUNTARY LIFE, AD&D AND OTHER VOLUNTARY ANCILLARY PRODUCTS

**Please provide:**

- The carrier's final proposal or contract for each of these coverages to be included on the consolidated bill including reduction schedules, probation periods, minimum and maximum benefits, rate schedules, premiums per volume, anniversary dates for rate changes, when age changes are to be revised, classes, probation periods, guarantee issue amounts, etc.
- The number of employees and/or members currently covered on each plan offered.
- Are Aflac coverages offered? If so, what plans and how many members covered.

## MEDICAL, DENTAL, VISION PLANS




**M D V**

- Name of carriers?
- Number of plans offered?
- ASO, fully insured, self-insured?
- Please provide all premium tiers?
- Probation period?
- Carrier's(s) policy on retroactive changes? (*i.e., months, days*)
- Policy renewal date?
- Carrier accepted method(s) of eligibility census information? (*i.e., paper enrollment via mail or secure email, online enrollment on carrier enrollment portal, electronic file in carriers preferred format, TPSC created standard EDI format*)
- Carrier cutoff date for invoicing the employer? Summary bill or a list bill? TPSC to audit and balance to the carriers list bill, or carrier accept an eligibility census to balance against?
- Who will send ID cards, plan booklets and other supplies to the members?
- Number of employees and total members are currently enrolled in each plan?
- NA   Employer paid, employee contributions required, or 100% voluntary plan? What are the participation requirements?
- NA   What are the carrier requirements for premium payment (*i.e., due date, pay as billed, EFT, etc.*)?
- NA NA Age rated plans? (*if yes, provide the current rate table structures*)
- NA NA Contribution requirements? Participation requirements?
- NA  NA Orthodontia coverage included or offered as a voluntary benefit?

**Note: TPSC only pays for participants that the employer has been billed and paid for. TPSC pays carriers on the last working day of each month. Will the carrier(s) accept these two standard TPSC payment arrangements?**

Yes  No

### PLEASE SEND ALL REQUESTS FOR PROPOSAL TO:

 TPSC Benefits  
 P.O. Box 1894  
 Tacoma, WA 98401-1894  
  
 253.564.5881  
 [rfp@tpscbenefits.com](mailto:rfp@tpscbenefits.com)