



10315 Professional Circle • Reno, Nevada 89521 • 775-982-3000 • [www.hometownhealth.com](http://www.hometownhealth.com)

**Large Groups with Coverage 50-99 Eligible Employees, please include the following documentation:**

1. Your contact information
2. Group Name and address (Required)
3. NAICS code (Required)
4. Detailed census with the following information:
  - a. Name of Employee (when possible)
  - b. Medical Plan Design
  - c. Gender
  - d. Zip Code
  - e. Date-of-Birth
  - f. Tier Structure
5. Current Rates
6. Renewal Rates
7. Plan designs (Required) – current plan info (SOB, SBC)
8. Two years aggregate claims information
  - a. If a prospect is unable to submit current coverage or two years of claims information a “Large Group Assessment Form 51+” form may be used, otherwise a manual rate will be quoted.

**Large Groups with Coverage 100+ Eligible Employees, please include the following documentation:**

1. Your contact information
2. Group Name and address (Required)
3. NAICS code (Required)
4. Detailed census with the following information
  - a. Name of Employee (when possible)
  - b. Medical Plan Design
  - c. Gender
  - d. Zip Code
  - e. Date-of-Birth
  - f. Tier Structure
5. Current Rates
6. Renewal Rates
7. Plan designs (Required) – current plan info (SOB, SBC)
8. Two years claims information by month preferred
  - a. Include large claims over \$25,000

***Making a genuine difference in the health and well-being of the people and communities we serve***