

Group Health Insurance

OUR PROCESS



office 305.677.9912
mobile 786.319.7679
info@lifelineins.com
www.lifelineins.com

- 1 We gather some basic information about your company.**
This includes a census of all the current employees in the company, their spouses, children and also part-timers.

- 2 Acquire quotes and present them to you.**
We initially get rates from a few companies, until we narrow it down to just one. We start off with the companies we feel will best suit your needs according to the information we gathered from you.

- 3 We explain to you how the plan you chose works** and how it can be paired with other supplemental insurances, if desired.

- 4 Complete Group Master Application** with your chosen insurance company.

- 5 Enroll employees in a face-to-face meeting,** or by phone (zoom also available). The enrollment will be done the way you prefer it. Employees will receive an Enrollment Booklet that contains Summary of Benefits and Contact Information.

- 6 We stay in contact with your employees** in case they have questions with claims, need help finding a doctor, or a clarification of benefits.

- 7 We will review with you how the insurance has worked annually,** and not worked in some cases. We also will review your new rates, since they change once a year upon renewal. If rates or service have not met your expectations, then we look for a new carrier to place you with. Your satisfaction is the most important factor in the renewal process.



You will always have an assigned representative that will help you throughout the process to answer any questions you may have. This same person will help you during the entire year, not just during Open Enrollment.

Group Questionnaire



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COMPANY INFORMATION

Company Full Name _____

Main Location Address _____

E-mail Address _____

Website Address _____

Multiple Locations? Yes No

Any Locations outside Florida? Yes No

Phone Numbers

Office _____

Cell _____

Fax _____

Other _____

When was the Company Incorporated? ____ ____ ____ ____

Type of Industry _____

SIC Code _____

MAIN CONTACT INFORMATION

Main Contact Name _____

Main Contact Title _____

Best Contact Number _____ Best Time to Call? _____

EMPLOYEE INFORMATION

Number of Employees PART-TIME _____ FULL -TIME _____

Total Number of Current Employees _____

Currently Insured No

Yes Existing Carrier _____

Type of Plan HMO POS EPO PPO

Marketplace Plan

If Self-Insured (enter Plan Administrator above)

Deductible Amount \$ _____ Co-Insurance % _____

Out of Pocket Maximum \$ _____

Number of Employees Enrolled _____

Problems with current Carrier (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Premium has become too high | <input type="checkbox"/> Network of Doctors and Hospitals is Unsatisfactory |
| <input type="checkbox"/> Deductible or Maximum Out-of-Pocket is too high | <input type="checkbox"/> No current carrier/s for more than 63 days consecutively |
| <input type="checkbox"/> Not Satisfied with Benefits | <input type="checkbox"/> Customer Service is not good |

Percentage of employee premium company is willing to contribute _____ %

Percentage of spouse and dependants premium company is willing to contribute _____ %

Do you expect to have an increase of new hires or lay-offs in the next year? _____

Do you plan on offering any other type of benefits listed below?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> DENTAL | <input type="checkbox"/> VISION | <input type="checkbox"/> GROUP TERM LIFE INSURANCE | <input type="checkbox"/> DISABILITY INSURANCE |
| <input type="checkbox"/> KEY MAN INSURANCE | <input type="checkbox"/> LONG TERM CARE | <input type="checkbox"/> CRITICAL ILLNESS | |

NOTE: some of the benefits above may be offered on a voluntary basis, where the employees pay part or all of the premium involved. Group rates are not only competitive, but generally offer increased benefits and allow pre-existing conditions to be covered. Some limitations may apply.