

Mosaic Employee Benefits, LLC

22 E Gay Street
Floor 600
Columbus, Ohio 43215
614.323.4494



New Company Bid Specification Checklist

COMPANY INFORMATION

Company name:	
Address:	
Telephone number:	
Nature of Business:	
Tax ID(s)	
Current Health Insurance Carrier	

CHECKLIST

<input type="checkbox"/>	Type of business entity. Business entity type: [Sole Proprietorship/LLC/Corporation]	
<input type="checkbox"/>	Renewal Date: Fiscal year-end: December 31	
<input type="checkbox"/>	Current Employee Census	Include Date of Birth, Gender, Office Location if Multiple Offices, Address – Include an employee in Cobra or State Continuation Period
<input type="checkbox"/>	Participation Level (Employee Only/Family Coverage)	OR provide a copy of your most recent invoice
<input type="checkbox"/>	Current Employer and Employee Monthly Contribution % or Amount	Employer: _____ Employee : _____
<input type="checkbox"/>	If Partially Self Insured or Self Funded please provide claims experience	
<input type="checkbox"/>	Information on Dental, Vision, Life or Disability Group Policies	Recent Invoice or Enrollment
<input type="checkbox"/>	Optional: For Disability quotes please provide employee compensation	
<input type="checkbox"/>	Choose an accounting method: [Cash/Accrual]	
<input type="checkbox"/>	Summary of Benefits	Layout of current insurance benefits, copays, deductibles, Out of Pocket Maximums
<input type="checkbox"/>	Commercial and Property Insurance Coverage	Please provide information if you would like to shop your business policy also