

Humana. Small Group Quote Coversheet

Please send quote requests to: cincyproposal@crnstone.com

Required Group Information

Effective date	
Agency Name	
Writing Agent Name *	
Humana Agent Number / SAN *	
Legal Group Name	
Legal Group Address (with city/state/zip)	
County *	
SIC code	
Payroll Employee Count *	
Eligible Employee Count *	
Enrolled Employee Count	
How many years with current carrier? *	
Single Site or Multi-Site? *	
If Multi-Site, include complete work addresses (including zip code) on census (Considered Multi-Site if ANY employee works outside of the main locations, including work from home employees)	
Additional Information	

* Information must be provided when submitting FormFire

Required Attachments

- Most Recent Renewal Letter / SBC's (showing rates and plan designs)
- Member/Dependent Level Census
Including: first/last names, dates of birth, genders, home zip codes, work zip codes
- Health Risk Questions (Use **LF questionnaires** for level funded groups and **51+ Applications** for fully insured and chamber groups)
 - Ohio Groups:
 - 5-25 enrolled
 - 26+ enrolled **if renewal is 25%+**
 - Virgin Group
 - Kentucky or Indiana Groups:
 - 5-9 enrolled
- **Kentucky Only**-(51+ Payroll) risk assessment form (RAF) required.