



Request for Proposal Checklist

- ❑ Completed Employer Application

- ❑ Census information on eligible employees
 - Date of Birth (Small groups <50 *eligible employees* requires dobs for all covered dependents)
 - Gender
 - Home Zip Code
 - Tier Request (Type of coverage needed, i.e. EE- Employee Only, SP-Employee + Spouse, CH- Employee + Child(ren), FMLY Employee + Family)

- ❑ Current Benefit Structure and Current Rates (*if applicable*)

- ❑ Renewal Benefit Structure and Renewal Rates (*if applicable*)

- ❑ Please quote the following benefits:

Please submit RFP Requests to Jill Emerson
jemerson@firstcarolinacare.com or Fax (910) 235-7823.