

BUSINESS CHECKLIST

QUICK QUOTE ITEMS NEEDED

Please provide the following:

1. _____ Business Confidential Data Questionnaire Form (1100)
2. _____ Business Confidential Census Form (1200)
3. _____ Medical Confidential Questionnaire Form (1300)
(Businesses with 2-25 enrolled employees, must complete this form and list any current on-going medical conditions and/or any pre-existing medical conditions; standard turn around time is 7-10 business days with the new Department of Insurance Medical Questionnaire fully completed)
4. _____ Copy of current plan benefit summary sheet
5. _____ Last Group Renewal Rate Letter or copy of current bill statement with breakout of rates.

HealthSource One will take the current plan benefits & rates and add this information to all the new carrier bids. We will then forward an illustration with side-by-side comparisons of all the plans for your simple review.

Forward via FAX or MAIL, all the above information to HealthSource One:

HealthSource One

**575 W. Chandler Blvd., Suite 120
Chandler, AZ 85225
Email: don@azhealthsource.com**

**Cellular: 602/881-8887
Office: 480/883-3309
Fax: 480/283-9158**