

MASSACHUSETTS REQUEST FOR QUOTATION FORM (GROUPS 51+)

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| Broker/Agency: |
| Address: |
| Phone: |
| Fax: |
| Date: |
| From: |
| Company: Tufts Health Plan |
| E-mail: Large_group_prospects@tufts-health.com |
| Fax: 617-923-5880 |
| Phone: 617-923-5406 |

Please provide the following information in order for us to proceed with a quotation:

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|--------------------------------------------------------------------------------------------------|
| Group Name: |
| Effective Date: |
| Location in MA: |
| SIC Code: |
| Nature of Business: |
| Contribution % employer pays toward insurance: |
| Total number of eligibles: |
| Number of waivers for medical coverage: |
| Current carrier: |
| Current and Renewal rates: |
| Plan Design for Current: |
| Plan Design for Renewal: |
| Claims experience (month by month with corresponding enrollments) for groups over 100 eligibles: |
| Shock loss information for claims greater than \$10,000 for groups over 100 eligibles: |
| Census should include: dates of birth, gender, zip codes, plan design, and COBRA participants |

Thank you in advance.

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| Notes: |
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