



Group Health & Dental

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SELF INSURED INFORMATION REQUEST

Historical cost savings, Expected Savings and Budgeted Rate

- *Note:
-Please provide information so that we can calculate past potential savings, expected future savings and the required rates to fund your employee benefit plan.
-Unless you have three years of rates and experience, the graphs will lose some of their affect.
-Refer to reference code hints in the right columns to help you complete the form.

Dental Input Area
Company Name: _____
1) Insurance companies breakeven _____ %
(from renewal)
2) Cash claims current year \$ _____
Cash claims prior year (year 2) \$ _____
Cash claims year 3 \$ _____
3) Incurred claims current year \$ _____
Incurred claims prior year (year 2) \$ _____
Incurred claims year 3 \$ _____
4) Premium current year \$ _____
Premium prior year (year 2) \$ _____
Premium year 3 \$ _____
Monthly renewal rate (single) \$ _____
Monthly renewal rate (family) \$ _____
Number of single employees (current) _____
Number of family employees (current) _____
5) Number of single employees (last year) _____
Number of family employees (last year) _____

Reference Code in Relation to 'Dental Input Area'
(Dental hints that correspond with numbers in the left column)
1) If not available, please estimate it (for example):
5-10 lives = 65% 26-50 lives = 74%
11-15 lives = 67% 51-75 lives = 78%
16-25 lives = 70% 79-125 lives = 80%
126 lives & over = 82%
2) If only one year is available, please enter zero (0) for other years.
3) If you only have cash claims please enter zero (0). The spread sheet will calculate incurred claims for you.
4) If you only have the current year, please enter zero (0) for other years.
5) Knowing the number of single and family employees last year assists in properly determining rates and expected claims. If you do not have this information please enter the current number of single and family employees.

Health Input Area

Company Name: _____

A) Insurance companies breakeven _____ %
(from renewal)

B) Cash claims current year \$ _____
Cash claims prior year (year 2) \$ _____
Cash claims year 3 \$ _____

C) Incurred claims current year \$ _____
Incurred claims prior year (year 2) \$ _____
Incurred claims year 3 \$ _____

D) Premium current year \$ _____
Premium prior year (year 2) \$ _____
Premium year 3 \$ _____

Monthly renewal rate (single) \$ _____
Monthly renewal rate (family) \$ _____

Number of single employees (current) _____
Number of family employees (current) _____

E) Number of single employees (last year) _____
Number of family employees (last year) _____

Reference Code in Relation to 'Health Input Area'

(Dental hints that correspond with letters in the left column)

A) If not available, please estimate it (for example):

5-10 lives = 65%	26-50 lives = 74%
11-15 lives = 67%	51-75 lives = 78%
16-25 lives = 70%	79-125 lives = 80%
	126 lives & over = 82%

B) If only one year is available, please enter zero (0) for other years.

C) If you only have cash claims please enter zero (0). The spread sheet will calculate incurred claims for you.

D) If you only have the current year, please enter zero (0) for other years.

E) Knowing the number of single and family employees last year assists in properly determining rates and expected claims. If you do not have this information please enter the current number of single and family employees.

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