



Request for Kereon CDHP Proposal

Please Include Rates and Summary Plan Descriptions for All Current and Proposed Plans

Today's Date:	Plan Delivered Date:		
Plan Renewal Date: Calendar or Plan Year?	CURRENT		PROPOSED
	<input type="checkbox"/> Calendar	<input type="checkbox"/> Plan	<input type="checkbox"/> Calendar <input type="checkbox"/> Plan

Company Name (specify if dba)		<input type="checkbox"/> C Corp	<input type="checkbox"/> Sub S	<input type="checkbox"/> Partner
Owner Name(s)	CEO -	CFO -		
Address/City/State/Zip				
Owner's Main Phone		Owner's Email -		
Key Contact Personnel Name		Position -		
Key Contact Phone and Extension		Location -		
Key Contact Email		Co. Website -		

Consultant/Agent's Company Name			
Consultant/Agent (C/A) Name			
Address/City/State/Zip			
C/A Main Phone Number		C/A Email -	
C/A Contact Personnel Name		Position -	
C/A Phone and Extension		Location -	
Contact Personnel Email		Website -	
Are you currently Agent of Record with this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Eligibility/Census	CURRENT	PROPOSED
Total Number of EE	FT - PT -	FT - PT -
Total EE Electing Coverage		
Total Electing EE only		
Total Electing EE + 1 Dependent		
Total Electing EE + Spouse		
Total Electing EE + Family		

Migration and Trend	
Will this plan be a Universal Install (Entire Group), or an Option with Other Plans?	<input type="checkbox"/> Yes - Universal install with 100% migration <input type="checkbox"/> Quoted as an option, but will not replace any current plans <input type="checkbox"/> Quoted as an option, and will replace plan (plan name): _____ Expected Migration to CDHP plan (complete for option plans only) <input type="checkbox"/> Unknown – please quote low and high expected migration examples/or <input type="checkbox"/> Please quote annual expected migration (percentage of employees remaining in current vs. moving to CDHP plan) as: 1. _____% Year One 2. _____% Year Two 3. _____% Year Three 4. _____% Year Four 5. _____% Year Five

Summary of Benefits	CURRENT	PROPOSED
Health Plan - Name and Plan #		
Deductible: EE	Single - Family -	Single - Family -
Coinsurance: EE	Single - Family -	Single - Family -
Co-pay per	OV - Rx - ER -	OV - Rx - ER -
Coverage Type	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Insured <input type="checkbox"/> Fully Insured
Additional Plans - Please attach if possible	<input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> HSA <input type="checkbox"/> Other	<input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> HSA <input type="checkbox"/> HRA/HSA
Premium or Premium Equivalency or COBRA (% or \$ amount)		
ER Health Plan Monthly Contribution:	EE - EE+Dep - EE+Sp - EE+Fam -	EE - EE+Dep - EE+Sp - EE+Fam -
EE Health Plan Monthly Contribution:	EE - EE+Dep - EE+Sp - EE+Fam -	EE - EE+Dep - EE+Sp - EE+Fam -
Cobra Rates	EE - EE+Dep - EE+Sp - EE+Fam -	EE - EE+Dep - EE+Sp - EE+Fam -
ER Sec. 125 Matching Contributions: (Ex: ER matches \$1 for EE \$2 to equal 33%)	Single _____% Family _____%	Single _____% Family _____%
Proposal Type Requested – Request Kereon’s recommendation, or choose a plan: <input type="checkbox"/> Request Kereon Recommend Custom Blended CDHP Design.		<input type="checkbox"/> CDHP (HSA only) <input type="checkbox"/> CDHP HRA only <input type="checkbox"/> CDHP HSA/HRA blend <input type="checkbox"/> If blend, \$_____ annual fixed expense to HSA or \$_____ annual variable expense to HRA
ER HRA Contributions	EE - EE+Dep - EE+Sp - EE+Fam -	EE - EE+Dep - EE+Sp - EE+Fam -
ER HSA Contributions	<input type="checkbox"/> Matching Single - <input type="checkbox"/> Fixed Family -	<input type="checkbox"/> Matching Single - <input type="checkbox"/> Fixed Family -
Maximum Out of Pocket (MOOP) In Network	Single - Family -	Single - Family -
Is Deductible included in MOOP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Return this completed form to: Kereon HSA Inc., 13700 Watertower Circle, Suite D, Plymouth, MN 55441
Phone (763) 383-4860 Fax (763) 383-4880**