



Information Required for WPS Health Insurance Nonprofit Proposal
1- 50 Life Groups:

- Current Census in Excel format including the following:
 - Name
 - Date of Birth
 - Gender
 - Plan, if multiple
 - Coverage-Single, Family, Employee +Child(ren) or Employee +Spouse
 - Status-Active, Waived Coverage, COBRA/State Continuation or Retiree
 - Zip Code

- Effective date of new coverage & current anniversary date

- Copy of Medical plan benefits or certificate

- Employee contribution percentage for all tiers of coverage

- Name of current Insurance carrier

- Current and renewal rates

- Wage & Tax Statement, also called UC101. This is the form sent to the State of WI on a quarterly basis to pay Unemployment Compensation premiums. Next to each employee's name indicate if they are a full time employee, a part time employee or seasonal employee. If the employee is terminated please indicate the date of termination. We do not need to know employee's current wages (you can write over the wages).

- Most recent carrier bill

- Ancillary Coverage (Optional): Dental, Life/AD&D, Short Term Disability, Long Term Disability, Vision and Voluntary products
 - Provide same information as requested for medical along with adding coverage for additional lines, occupation and salary to census

*Once compiled all requested information please send to Bethany Sparks at bethany.sparks@willis.com or fax to (414) 259-8849 to receive a WPS Instruction Sheet for the online application process for a proposal.