



Information Required for WPS Health Insurance Nonprofit Proposal
51- 99 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 or Retiree
 - Zip Code
- Effective date of new coverage & current anniversary date
- Copy of Medical plan benefits or certificate of coverage
- Employee contribution percentage for all tiers of coverage
- Name of current Insurance carrier
- Current and renewal rates
- 24 months of claims experience- Premium vs. Claim Report
- Large claims (diagnosis and prognosis) most current 12 months
- Complete the WPS Disclosure Statement (attached)
- 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 proposal.