



Midwest Public Risk Request for Proposal Checklist

Please use this checklist to assure all required information is submitted with your request.

NAME OF GOVERNMENT ENTITY/SCHOOL DISTRICT _____

ADDRESS _____

DUE DATE FOR QUOTE _____

EFFECTIVE DATE _____

- RFP (Request for Proposal Checklist) - Fully Completed with Requested Documents
- Reason for Bidding _____
- CENSUS Number of Eligible Employees _____ COBRA _____ Retirees _____
- CURRENT CARRIER BILLING
- BENEFIT SUMMARY FOR ALL PLANS
- CURRENT RATES (OR COBRA/PREMIUM EQUIVALENT RATES FOR SELF FUNDED GROUPS)
- RENEWAL RATES (IF AVAILABLE) RENEWAL DATE _____
- MPR GROUP RISK APPRAISAL – completed and signed
- For GROUP SIZE 20 – 99**
 - HEALTH QUESTIONNAIRES FROM ALL ELIGIBLE PERSONS (including COBRA/Retirees):
 - Groups with less than 20 eligible employees are not qualified for participation.
 - (Health questionnaire can be completed on paper or online at www.mprhealthplan.org)
- For GROUP SIZE 100+**
 - CLAIM & PREMIUM HISTORY FOR LAST 3 YEARS
 - ANY LARGE CLAIMS (\$25,000 or >) REPORTS FOR LAST 3 YEARS – Include any details regarding treatment dates, diagnosis, prognosis, status i.e. ongoing, closed, termed, cobra, etc.
- IF FORMAL RFP, PROVIDE ELECTRONIC COPY
- Current Broker Yes No Name _____
 - If no, please list current Broker _____
 - Commission Requests 1st year _____ 2nd year _____

Request Submitted By _____ Date Submitted _____

Requestor email _____ Requestor Phone number _____

Please note, Final Rates cannot be released until all documentation is received.

***Please submit all required documentation via secure email
or by mail to the following address:***

Deb Heishman, Benefits Underwriting Manager

deb@mprisk.org / 816-292-7523 / fax 816-292-7599

Midwest Public Risk, 19400 E. Valley View Parkway, Independence, MO 64055

Midwest Public Risk offers the flexibility of self-funded health insurance plans without the financial risk to government entities and school districts in Missouri and Kansas.

- o Entity must have at least 20 eligible employees and pay at least 50% of employee premium.
- o MPR requires a minimum participation of 75% of benefit eligible employees.
- o All membership is subject to MPR Board of Director approval.
- o MPR staff is available to answer questions and/or present the plans to the decision makers.
- o A formal presentation does not guarantee acceptance in the MPR health/dental pool.