
Quote Request Checklist

When requesting a quote for an employer group, please provide the following information to your Delta Dental of Iowa account representative.

- **General employer group information:**
 - Name
 - Address
 - Phone Number
 - Industry and SIC (industry code)

- **Census file of all eligible employees** (Excel format preferred):
 - Include the following for each employee
 - Gender
 - Age or date of birth
 - Zip code
 - Contract type (i.e. single vs. family)

- **Current dental plan information:**
 - Funding arrangement
 - Fully-insured
 - Self-insured
 - Indicate if run-in claim will be paid by Delta Dental of Iowa
 - Dental benefits certificate (or summary of benefits)
 - Current carrier rates and renewal rates (if applicable)
 - Most recent claims and enrollment history (12 – 24 months, Excel format preferred)
 - Employer contribution level
 - Dependent age limit (including full time students and disabled dependents)

- **Current vision plan information** (if applicable):
 - Vision benefits certificate (or summary of benefits)
 - Current carrier rates and renewal rates (if applicable)

- **Delta Dental of Iowa quote information:**
 - Effective date
 - Broker commission
 - Tier structure