



Northwest Financial Associations’ Employee Benefit Trust (NWFA)

Quote Request Checklist

Thank you for your interest in Northwest Financial Associations’ Employee Benefit Trust (NWFA). We want to make the quoting experience a quick and simple one. In order to expedite your quote, please include the following information on all requests for proposals (RFPs):

General Group Information:

- Group Name
- Address/City/State
- Zip Code
- Years in Business
- Requested Effective Date
- Industry Description
- SIC or/and NAICS code
- Employer Contribution Percentage (EE and Dep) for both Medical and Dental Coverage

Group Census in NWFA Template:

- Employee: Name, Gender, Date of Birth (Ex. 01/02/15), Zip Code
- Spouse or Domestic Partner Name, Date of Birth
- Name and Date of birth for each child
- Medical Plan and Dental Plan Selection

Medical: Current/Renewal Plan Information

- Medical Renewal date
- Current Medical Carrier
- Current Association (if applicable)
- Current Medical Plan Designs (Deductible/Copay/Coinsurance/Out of Pocket Max/RX)
- Current Medical Rates
- Renewal Medical Rates

Dental: Current/Renewal Plan Information

- Dental Plan renewal date
- Current Dental Carrier
- Current Dental Plan design (Deductible/Copay/Coinsurance/Out of Pocket)
- Current Dental Rates
- Renewal Dental Rates

	NWFA – Northwest Financial Associations’ Employee Benefit Trust
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