

**APPENDIX 12 – SAMPLE DATA REQUEST LETTER**

*Data is preferred in an electronic format whenever possible.*

**1. Active employee/retiree information (see layout below)**

| <b>ACTIVE EMPLOYEE DATA</b>                                    |               |
|--|---------------|
| <b>Data Element</b>  | <b>Format</b> |
| Identification Number  | Alpha/Numeric |
| Group Code <i>(if applicable)</i>                              | Alpha/Numeric |
| Gender   | Alpha         |
| Date of Birth  | mm/dd/yyyy    |
| Original Date of Hire  | mm/dd/yyyy    |
| Date of Rehire <i>(if applicable)</i>                          | mm/dd/yyyy    |
| Date of Termination  | mm/dd/yyyy    |
| Benefit Coverages (medical plan if more than one, dental etc.) | Alpha         |
| Tier (Employee Only, Employee & Spouse, etc.)                  | Alpha/Numeric |
| Annual Compensation <i>(if applicable)</i>                     | 999999.99     |
| <b>TERMINATED PARTICIPANTS (Eligible for Future Benefits)</b>  |               |
| <b>Data Element</b>  | <b>Format</b> |
| Identification Number  | Alpha/Numeric |
| Group Code <i>(if applicable)</i>                              | Alpha/Numeric |
| Gender   | Alpha         |
| Date of Birth  | mm/dd/yyyy    |
| Date of Termination  | mm/dd/yyyy    |
| Benefit Coverages  | Alpha         |
| Tier (Employee Only, Employee & Spouse, etc.)                  | Alpha/Numeric |
| Life Insurance <i>(if applicable)</i>                          | 99999999      |
| <b>RETIRED PARTICIPANT DATA</b>                                |               |
| <b>Data Element</b>  | <b>Format</b> |
| Identification Number  | Alpha/Numeric |
| Group Code <i>(if applicable)</i>                              | Alpha/Numeric |
| Gender   | Alpha         |
| Date of Birth  | mm/dd/yyyy    |
| Participant Contribution Rate                                  | 9999.99       |
| Benefit Coverages  | Alpha         |
| Tier (Employee Only, Employee & Spouse, etc.)                  | Alpha/Numeric |
| Life Insurance <i>(if applicable)</i>                          | 99999999      |
| Beneficiary Identification Number                              | Alpha/Numeric |
| Beneficiary Date of Birth                                      | mm/dd/yyyy    |

**2. Summary of plan provisions and any plan changes over the past three years.**

- Type of Insurance: self insured, fully insured or partially insured (ASO agreement)
- Medical benefits
- Prescription drug benefits
- Other post-employment benefits (other than retirement), including life insurance, vision, dental, etc.
- For Medicare eligible retirees
  - Are all retirees required to enroll in Medicare Parts A and B? Part D?
  - How does the Plan co-ordinate with Medicare?
  - Do retirees over 65 continue to receive life insurance, vision, dental, etc?

**3. Retiree contribution schedule (or include in active employee/retiree information above, if by individual)**

**4. Employer contribution schedule (if insured)**

**5. Claims information (if self-insured)**

- Employee groups – active and retirees/beneficiaries
- Type of benefit – medical, prescription drug, other
- Time period – information for the most recent full year needed; claims information for prior three years preferred
- Data should include:
  - Monthly/annual employee counts or membership
  - Claim lags (groups over 2000) or annual paid claims
  - State if claims are net of stop loss recoveries
  - Specific and Aggregate Stop Loss premiums and recoveries (if not adjusted in claims)
  - Administrative expenses

**6. Groups not covered by Medicare – if any**

**7. Most recent pension valuation report (if available)**