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Plan Sponsor Worksheet

The Health Insurance Renewal Request List

What to ask your broker and carrier for before you sign, with a place to record each answer, split by group size

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FIRST HILL TRUST · PLAN SPONSOR WORKSHEET

Prepared by First Hill Trust

Why This List Matters

01

A renewal arrives as one number, but it combines the carrier’s rate change with changes in your own group. What you can do about it depends on your group size.

A small group can’t be priced on its own claims. Its options are the census, the plan, the contribution, and the carrier. A large group can also test the claims data and assumptions behind the renewal. This list collects what you need to see before you sign.

How to use this list

Start at least 120 days before your renewal date. Work through sections 02 and 03, then use section 04 or 05 for your group size. Check each box when the item is done and fill in the answer beside it.

Before the Renewal Arrives

02

Settle these before the carrier’s number shows up, so the decision is made against a budget rather than against the renewal.

Request	Your answer
☐ Set the budget The most the company will spend next plan year.	Annual budget: \$_____ Monthly per employee: \$_____
☐ Agree on trade-offs Check each one leadership will accept.	☐ Higher deductible ☐ Narrower network ☐ Higher employee share ☐ More cost variability
☐ Confirm group size Average employees last calendar year, counted the way your state requires.	Average employees: _____ State cutoff: ☐ 50 ☐ 100
☐ Remote or out-of-state employees Check that the network covers where they live and work.	Employees outside our area: _____ ☐ Network covers them
☐ Dental, vision, and life renewals Check whether they renew on the same date and can be quoted with the medical plan.	☐ Dental ☐ Vision ☐ Life ☐ Disability Same renewal date: ☐ Yes ☐ No ☐ Quoted with medical
☐ Request the renewal early Ask the broker to get it as early as the carrier will release it.	Requested on: ____/____/_____ Expected by: ____/____/_____
☐ Large groups: request claims data Competing carriers need it to quote.	Requested on: ____/____/_____

Check What Drove the Increase

Fill these in when the renewal arrives.

Ask your broker to split the increase. Carriers in the same state use the same age rules, so the percentage increase from employees getting older follows you to any carrier. Switching carriers changes the base rate, not that effect.

Request	Your answer
☐ Total increase From the renewal notice.	Increase: _____ %
☐ Carrier's rate change The part that applies to the carrier's rates.	Rate change: _____ %
☐ Census change Age bands, hires, departures, dependents.	Census change: _____ %
☐ Plan changes by the carrier Carriers can change a plan at renewal.	☐ Network ☐ Copays ☐ Deductible Other: _____
☐ Census is current Departed employees removed, new hires and dependents added.	☐ Confirmed ☐ Re-rate requested on ____/____/____
☐ Cost per employee Total annual premium divided by enrolled employees.	\$_____ ÷ _____ = \$_____ Broker's comparison with employers our size: _____
☐ Renewal history The past three years, from prior renewal notices. The trend says more than one year's increase.	Year _____: _____ % \$_____ Year _____: _____ % \$_____ Year _____: _____ % \$_____ Plan or carrier changes: _____

Small Group Options

For groups at or under your state's small group cutoff. A fully insured small group can't negotiate the rate itself, so these are the levers.

Request	Your answer
☐ Quote a different plan Higher deductible or narrower network.	Plan: _____ Premium: \$ _____ ☐ Key doctors in network
☐ Add a lower-premium choice High-deductible plan with an HSA, or a higher deductible with an HRA.	☐ HDHP + HSA quoted ☐ Deductible + HRA quoted Premium: \$ _____
☐ Set the contribution model Percentage rises with every increase. Fixed dollar caps your cost.	☐ Percentage: _____ % ☐ Fixed: \$ _____ Employee share at new rate: \$ _____
☐ Confirm carrier minimums Contribution and participation rules.	Minimum contribution: _____ Minimum participation: _____
☐ Get quotes from other carriers Comparable plans only.	Carrier: _____ \$ _____ Carrier: _____ \$ _____
☐ Check the small business tax credit 25 or fewer full-time equivalents, low average wages, coverage through the state's small business exchange.	☐ May qualify ☐ Doesn't qualify
☐ Ask a PEO How its plan is priced and what happens if you leave.	PEO: _____ Premium: \$ _____ If we leave: _____
☐ Check level funding Not allowed for small groups in some states.	☐ Available in our state ☐ Not available Quote: \$ _____
☐ Consider an individual coverage HRA A fixed allowance replaces the group plan.	Allowance per employee: \$ _____

Large Group Requests

For fully insured groups above your state's small group cutoff. Ask for these in writing.

Request	Your answer
☐ Monthly premium, claims, and enrollment Past 12 months, in summary form.	Received on: ____/____/____
☐ Loss ratio Claims divided by premium.	Loss ratio: _____ %
☐ Pooling point The amount above which a claim is charged to the carrier's wider pool.	Pooling point: \$_____
☐ One-time claims Was a one-time claim built into next year's projection?	☐ Yes ☐ No Amount: \$_____
☐ Cost trend applied The carrier's assumed cost increase.	Trend: _____ %
☐ Weight given to your claims How much your own history counted.	Weight: _____ %
☐ Administration and profit What the carrier added.	Load: _____ %
☐ Competing quotes Request early so they arrive before your decision date.	Carriers asked: _____ Due by: ____/____/____
☐ ACA employer mandate check 50 or more full-time employees, counting full-time equivalents.	☐ Not applicable ☐ Contribution change checked

Decision and Open Enrollment

Confirm these before you sign and before open enrollment starts.

Request	Your answer
☐ Final plan or plans	Plan(s): _____
☐ Final contribution	☐ Percentage: _____ % ☐ Fixed: \$_____
☐ Broker compensation disclosure Brokers and consultants must disclose their compensation to the plan in writing before the contract is signed or renewed.	☐ Received on ____/____/____
☐ Renewal signed Before open enrollment.	Signed on: ____/____/____
☐ Summary of Benefits and Coverage One for each plan, with enrollment materials.	☐ Included in enrollment materials
☐ Employee communication What changed and what it costs employees.	Sent on: ____/____/____

After the Renewal

The renewal isn't finished when it's signed. Check these in the first month of the new plan year.

Request	Your answer
☐ Payroll deductions updated Employee shares at the new rates.	Updated on ____/____/____
☐ First invoice checked Rates and enrollment match what was signed.	☐ Matches ☐ Corrected on ____/____/____
☐ ID cards received For every enrolled employee and dependent.	☐ All received
☐ Review meeting with your broker What worked this year and what to change at the next renewal.	Meeting on ____/____/____

Send us your renewal. We will separate the carrier's rate change from your census change and show you which options apply to your group size. First Hill Trust Company, 601 Union St, Suite 1450, Seattle, WA 98101, (206) 625-1800.

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We work behind the scenes to support plans that value clarity, consistency, and confidence in how they are managed. If you'd like more information or a high-level review of your health insurance renewal, click the link to schedule a brief review, or contact us (206) 625-1800.



[Schedule a Brief Review](#)

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