

Request for Information to Quote Medical Stop Loss

Producer Information

Name, Title
Company Name
Address, Phone number
Email address

Proposed Insured Information

Name of Account, city, state and zip code for prospect's main office location.

Employee census in Excel format showing the following information:

- o Age or date of birth
- o Gender
- o Tier of coverage
- o Employee home zip code
- o Retiree status
- o Cobra status
- o Benefit plan enrollment
- o PPO Network enrollment
- o Eligibility detail and/or waiver reasons

SIC Code(s) and description of nature of business

Large loss reports which show current contract year and at least two previous contract year claims in excess of 50% of the specific deductible including to/from paid dates and diagnosis/prognosis.

Monthly paid claims and monthly enrollment for the current and at least two prior contract years

Current stop loss carrier, rates, deductible, contract type, commission, effective date and limitations and exclusions

A copy of the current stop loss policy schedule and renewal proposal if available

Name of TPA

Names of current and proposed PPO networks

Any additional benefits covered under the specific and / or the aggregate coverage such as dental, vision, prescription drug cards, etc.

Requested quote options including effective date, deductibles, contract types, commission, coverages, and quote deadline

Copy of the self-funded plan document(s) or plan summary(s) of benefits

List of any proposed plan design changes