

# STOP LOSS REQUEST FOR PROPOSAL



GROUP NAME \_\_\_\_\_ COMPANY ADDRESS \_\_\_\_\_

PROPOSED EFFECTIVE DATE \_\_\_\_\_ DUE DATE \_\_\_\_\_ INDUSTRY \_\_\_\_\_ SIC CODE \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ NUMBER OF PARTICIPATING EMPLOYEES \_\_\_\_\_ RETIREES INCLUDED YES NO

## CURRENT COVERAGE

### SELF FUNDED / LEVEL FUNDED

CURRENT CARRIER \_\_\_\_\_

CURRENT TPA \_\_\_\_\_

CURRENT NETWORK \_\_\_\_\_

CURRENT SPECIFIC DEDUCTIBLE \_\_\_\_\_

CURRENT SPECIFIC CONTRACT BASIS \_\_\_\_\_

CURRENT AGGREGATE CONTRACT BASIS \_\_\_\_\_

CURRENT SPECIFIC BENEFITS \_\_\_\_\_ MEDICAL \_\_\_\_\_ RX CARD \_\_\_\_\_

CURRENT AGGREGATE BENEFITS \_\_\_\_\_ MEDICAL \_\_\_\_\_ RX CARD \_\_\_\_\_

### FULLY INSURED

CURRENT CARRIER \_\_\_\_\_

YEARS WITH CURRENT CARRIER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

*Include Current Rates and Proposed Renewal Rates (enrollment must be displayed for each plan and coverage tier)*

PRIOR CARRIER \_\_\_\_\_

YEARS WITH PRIOR CARRIER \_\_\_\_\_

### CURRENT FIXED COSTS

EE ONLY \_\_\_\_\_

E + SP \_\_\_\_\_

E + CH \_\_\_\_\_

E + FM \_\_\_\_\_

AGG RATE \_\_\_\_\_

### AGGREGATE FACTORS

EE ONLY \_\_\_\_\_

E + SP \_\_\_\_\_

E + CH \_\_\_\_\_

E + FM \_\_\_\_\_

### RFP CHECKLIST

- Census in Excel: include DOB, sex, coverage, zip code, plan election (if multiple), COBRA, retiree
- Schedule of current benefits/proposed benefits (if applicable)
- Monthly claims/enrollment reports (current and prior 2 years)
- Large claimant reports that include dx (current and prior 2 years)
- Precert/CM/UR/Trigger dx reports for past 180 days
- Individual applications if no experience available
- Current and prior renewals

## REQUESTED COVERAGE

LEVEL FUNDED YES NO (If yes & only requesting level funded quote, skip to aggregate contract basis.)

PROPOSED TPA \_\_\_\_\_ PROPOSED NETWORK \_\_\_\_\_

SPECIFIC DEDUCTIBLES \_\_\_\_\_

AGGREGATING SPECIFIC \_\_\_\_\_

SPECIFIC CONTRACT 12/12 12/15 12/18 15/12 18/12 24/12 OTHER SPECIFIC COVERAGE: MEDICAL RX CARD

AGGREGATE CONTRACT 12/12 12/15 12/18 15/12 18/12 24/12 OTHER AGGREGATE COVERAGE: MEDICAL RX CARD

### OPTIONAL

TERMINAL LIABILITY N/A SPECIFIC AGGREGATE SPECIFIC ADVANCE FUNDING YES NO

MONTHLY AGGREGATE ACCOMODATION YES NO TRANSPLANT CARVEOUT YES NO OTHER

NOTES \_\_\_\_\_