

## **QUOTE REQUIREMENTS**

In order to process a request for a quote rapidly and accurately, please forward the following information at your earliest convenience. Please send all information in an electronic format, if available. If additional information to quote is needed by the carrier, please provide the contact person, phone number and email address.

### **For Specific Excess:**

1. Name of account, city, state and zip code to site group.
2. Age/Gender band report, which indicates the type of coverage (individual/family). If a band report is not available please provide a complete census, which includes type of coverage, gender, zip code and age/date of birth. Please also identify any retirees; and if they are covered, please indicate whether Medicare is primary or secondary. Also include retiree eligibility requirements.
3. Please include the zip code breakdown if you have multiple locations and describe nature of business (SIC Code).
4. Large loss reports which show current contract year and previous contract year claims in excess of 50% of the specific deductible including to/from paid dates and diagnosis/prognosis. Also include a list of any member that is currently disabled, on COBRA or on waiver of premium benefits.
5. A copy of the self-funded plan document(s) or plan summary(s) of benefits, name of current TPA, and name(s) of current or proposed PPO networks. Include any proposed plan design changes.
6. Current stop loss carrier, rates, deductible level, contract type (i.e., 12/12, 12/15, 15/12, PAID, etc.), effective date and any contract limitations or exclusions.
7. Please indicate if specific coverage currently includes additional products other than medical only (i.e. dental, vision, prescription drugs), and include relevant plan documents and historical claims data.
8. Requested quote options; effective date, deductibles, contract types, coverages (med/rx/etc), maximum liability and quote deadline.
9. A copy of the current stop loss policy schedule along with the renewal proposal (if available).

### **For Aggregate Excess:**

1. Type of Contract requested (i.e., 12/12, 12/15, 15/12, PAID, etc.).
2. Monthly paid claims and monthly enrollment for the current and prior contract years.
3. Current aggregate attachment factors, contract type (i.e., 12/12, 12/15, 15/12, PAID, etc.) and premium rate.
4. Please indicate if aggregate coverage currently includes additional products other than medical only (i.e. dental, vision, prescription drugs), and include relevant plan documents and historical claims data.
5. Requested quote options; contract types, and coverages (med/rx/etc).