

Check List

Information Needed to Request Employer Stop Loss Quotation (Self-Funded Employee Benefits Plan)

1. Name and address of employer.
2. Address of all locations (if applicable).
3. Nature of industry.
4. Requested effective date.
5. Commission.
6. Census indicating age, gender, medical coverage (self-funded plan, HMO, PPO, POS, COBRA, Disabled).
7. Current plan(s) of benefits and any changes in benefit plan(s) for the coming policy period.
8. Current carrier, current and renewal rates and factors as well as current and renewal contracts for specific and aggregate coverage if group is self-funded. Also, the specific deductible level and factors for all experience periods provided.
9. Current and renewal rate for fully insured group.
10. Three years of paid claims and enrollment, by month and by line of coverage. Experience should have start and ending dates.
11. Three years of claims over the specific deductible with diagnosis and prognosis. Claims at 50% of the specific deductible for the current policy period with diagnosis and prognosis.
12. Current policy schedule would be appreciated or a description of any conditions or limitations of the policy (i.e., coinsurance other than 100%, reimbursement limitation on domestic hospital stays, etc.)
13. PPO to be used.
14. TPA to be used.