



## REQUEST FOR STOP LOSS PROPOSAL

### QUOTE GUIDELINES

Minimum Size Group	100 Lives
Minimum Specific Deductible	\$20,000

### INFORMATION REQUIRED

1. COMPANY NAME				
2. ADDRESS				
	City	State	Zip Code	
3. TYPE OF INDUSTRY				
4. OTHER LOCATIONS, Include # of Employees & Zips				
5. TYPE, COVERAGE AND CONTRACT BASIS SELECTION	<input type="checkbox"/> 1 Million Individual Max <input type="checkbox"/> 2 Million Individual Max			
AGGREGATE CONTRACT BASIS SELECTION	<input type="checkbox"/> 12/12	<input type="checkbox"/> 12/15	<input type="checkbox"/> 15/12	<input type="checkbox"/> 24/12
SPECIFIC CONTRACT BASIS SELECTION	<input type="checkbox"/> 12/12	<input type="checkbox"/> 12/15	<input type="checkbox"/> 15/12	<input type="checkbox"/> 24/12
SPECIFIC DEDUCTIBLE REQUESTED	\$			
COMMISSION LEVEL	%			
Please include the following information:				
6. SCHEDULE OF BENEFITS	<input type="checkbox"/> Current Plan <input type="checkbox"/> Description of changes in the past three years <input type="checkbox"/> Proposed changes			
7. CURRENT CENSUS REPORT	Include the following information (electronic format preferred): <input type="checkbox"/> Gender <input type="checkbox"/> Date of birth <input type="checkbox"/> Single/family designation <input type="checkbox"/> Retiree/ COBRA participants <input type="checkbox"/> Zip code identifications			
8. CLAIM AND RATE INFORMATION	<input type="checkbox"/> Current and/or renewal rates and factors <input type="checkbox"/> Large claims report that identifies all claimants at or over 50% of the specific deductible and includes detail of diagnosis and prognosis for current policy period <input type="checkbox"/> Carrier history for the past three years <input type="checkbox"/> A current aggregate report (for aggregate coverage) <input type="checkbox"/> Monthly claims and enrollment for the past three years <input type="checkbox"/> List of shock claims for each prior policy period including name, dollar amount and diagnosis <input type="checkbox"/> PPO name and details <input type="checkbox"/> UR & CM company name and details			
9. BROKER OF RECORD				

Please send request for proposal to:

StarLine Group  
 Fax to: 508.495.0708 or  
 E-Mail to: [stoploss@starlinegroup.com](mailto:stoploss@starlinegroup.com)