



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:

Star Line Group
 Fax to: 508.495.0708 or
 E-Mail to: stoploss@starlinegroup.com