

REQUEST FOR STOP LOSS QUOTE



Please fill out the following information to obtain a stop loss quote. Email all documents to quotes@allthingsvault.com.

Proposal Due Date:		Effective Date:	
Quote Requested By:			

Group Name					
Address					
Broker					
Nature of Business/Industry Code			Number of Eligible Employees		
Number of Enrolled Employees	EE: EE + Spouse: EE + Child(ren): Family:		Retirees Covered COBRA Covered		
Type of Current Plan	Fully Insured		Self-Funded		
Current Carrier					
Current Network			Proposed Network		
Current TPA			Proposed TPA		
Current Spec Rate	EE Only: \$ EE+ Spouse: \$ EE + Child(ren): \$ Family: \$ Composite: \$		Current Agg Premium	EE Only: \$ EE+ Spouse: \$ EE + Child(ren): \$ Family: \$ Composite: \$	
Specific Deductible	Current: Requested:		Aggregating Specific Deductible	Current: Requested:	
Specific/ Aggregate Contract Basis (Ex. NA, 12/18)	Current: Requested:				
Rate Structure	Tier 4	Tier 3	Tier 2	Composite	
Benefits covered under Specific	Med Rx	Med Only			
Benefits covered under Aggregate	Med Rx	Med Only	Other (please specify):		
Include monthly Aggregate Accommodation?	Yes	No	Include Aggregate Terminal Liability Option (TLO)?	Yes	No
Include Specific Terminal Liability Option (TLO)	Yes	No	Aggregating Specific Deductible	Yes	No \$_____
Current Lasers?					
Requested Broker Commission					
Other Requested Programs					
Items Attached	Current Plan Design Proposed Plan Design Rate History 2-3 Years Paid Med Rx claims and employee enrollment. 2-3 years Individual large claims data with DX for members over 50% of requested Specific Deductible Current Census (to include all members)				
Special Notes					