

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:		Retirees Covered		
	EE + Spouse:		COBRA Covered		
	EE + Child(ren):				
	Family:				
Type of Current Plan	Fully Insured	Self-Funded			
Current Carrier					
Current Network			Proposed Network		
Current TPA			Proposed TPA		
Current Spec Rate	EE Only: \$		Current Agg Premium	EE Only: \$	
	EE+ Spouse: \$			EE+ Spouse: \$	
	EE + Child(ren): \$			EE + Child(ren): \$	
	Family: \$			Family: \$	
	Composite: \$			Composite: \$	
Specific Deductible	Current:		Aggregating Specific Deductible	Current:	
	Requested:			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
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					