Resolute Underwriting Strategies
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Stop Loss Request for Proposal

Date Submitted:			**Proposal Due Date:**			
Effective Date:		**Group Name:**				
SIC Code:		**Industry Description:**				
Street Address:						
City:			**State:**		**Zip:**	
Current Commission:			**Requested Commission:**			

Current Self-Funded Carrier:				**# of Years with Carrier:**	
Current TPA(s) - Medical & Rx:				**Proposed TPA(s) - Medical & Rx:**	
Current PPO(s):				**Proposed PPO(s):**	
Retiree Coverage:	☐ All	☐ Under Age 65	☐ Not Applicable	**Broker:**	

If Fully Insured, Current Carrier:		**# of Years with Carrier:**		
Rates & Enrollments Attached: (Include enrollment for each rate tier; if over 100 lives, include experience reporting)			☐ Current	☐ Renewal

Current Specific Coverage					
Current Specific Deductible:			**Current Aggregating Specific Deductible:**		
Current Specific Contract Basis:			**Current Specific Benefits:**	☐ Medical	☐ Rx Card
Current Lasers:					
No New Laser Rate Cap:	☐ Yes	☐ No	**If Yes, maximum rate increase %:**		
If Hospital Group, Current Domestic Claim Reimbursement %:					

Requested Specific Coverage				
Requested Specific Deductible: (List options if applicable)		**Requested Aggregating Specific Deductible:**		
Requested Specific Contract Basis:		**Requested Specific Benefits:**	☐ Medical	☐ Rx Card
If Hospital Group, Requested Domestic Claim Reimbursement %:				

Current Aggregate Coverage						
Current Aggregate Contract Basis:		**Current Aggregate Benefits:**	☐ Medical	☐ Rx Card	☐ Dental	☐ Vision
Current Aggregate Annual Maximum:						

Requested Aggregate Coverage						
Requested Aggregate Contract Basis: (List options if applicable)		**Requested Aggregate Benefits:**	☐ Medical	☐ Rx Card	☐ Dental	☐ Vision

REQUIRED INFORMATION TO QUOTE	
☐	Census (must include zip code, DOB or age, coverage (S, F, ES, EC), status (active, retiree, cobra), gender, and plan type (breakdown)
☐	Schedule of benefits
☐	Current and/or renewal rates/factors (Aggregate & Specific separated)
☐	Current year 50% of Specific deductible report showing: diagnosis, trigger report, pre-cert report, LCM notes, and detailed paid claims report including Rx, pending and denied
☐	Two prior plan years of large claims
☐	If aggregate requested, monthly enrollment and paid claim experience (for all coverages included) for current & prior two full years
All experience reports provided above should be run by effective date	
☐	Medical questionnaires (if available)

Comments/Additional Requests