

**Information toward a Medical Stop Loss Proposal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General** | **Please Fill In:** | | | |
| Broker/Contact Name: | **Fill In** | | | |
| Group Name: | **Fill In** | Effective Date: | **Fill In** | |
| City, State, Zip: | **Fill In** | Due Date: | **Fill In** | |
| Type of Business: | **Fill In** | | **SIC #** | **Fill In** |
| Subsidiaries – Locations (City/State): | **Fill In** | | | |
| Commission %: | **Fill In** | | | |

|  |  |  |
| --- | --- | --- |
| **Admin/Networks** | **Please Fill In:** | |
|  | **Current** | **Proposed** |
| TPA: | **Fill In** | **Fill In** |
| PPO Network: | **Fill In** | **Fill In** |
| UR/LCM: | **Fill In.** | **Fill In** |

|  |  |  |
| --- | --- | --- |
| **Specific (Click on Boxes to Complete)** |  | **Aggregate (Click on Boxes to Complete)** |
| Contract Type: **Fill In** |  | Contract Type: **Fill In** |
| Coverage Includes:  RX |  | Coverage Includes:  RX  Dental |
| Spec Deductible:**Fill In** |  | Current Agg Rates:**Fill In** |
| Current Spec Rates:**Fill In** |  | Current Agg Factors: **Fill In** |

\*MED Coverage automatically included

|  |  |
| --- | --- |
| **Census/Benefits** | **Please Submit (Click on Boxes to Complete):** |
| Census Data to include:  *(Excel Format)* | Age/DOB  Zip code  Gender  Single/Family\*  COBRA/Retiree Designation  Plan Selection  *\*If tiered rating desired, coverage designation to be given by tier* |
| Schedule of Benefits | Current  Proposed |

|  |  |
| --- | --- |
| **Claims** | **Please Submit (Click on Boxes to Complete):** |
| NOTE: For each item, please include **Current and Prior two Years** | Monthly Paid Claims for coverages being requested and monthly enrollment  *\*Only Enrollment data needed if Agg Coverage not requested*  Claimants that have reached – or are expected to reach – 50% of the Specific Deductible amount  Detailed large Claim information – to include: diagnosis, prognosis and dollar amounts paid for **current** year. |

**Please send all RFP submissions to:** [**MSL.RFP@bhspecialty.com**](mailto:MSL.RFP@bhspecialty.com)

Our Underwriting Offices are located in Irvine, CA ▪ Indianapolis, IN ▪ Atlanta, GA