



PROPOSAL DATA REQUEST

MINIMUM REQUIREMENTS TO QUOTE

50+ Covered Employees
\$500,000+ in premium

Yes No

Has ICS done education with this group?

Date that education has been completed or scheduled:

GROUP INFORMATION

Group Name

Address

City

State

Zip Code

Effective Date

of EE's Enrolled

SIC Code

Corporation Type

Current Carrier Name

Current Provider Network

BROKER INFORMATION

Writing Agent Name

Agent Email Address

Agency Name

Commission

PEPM

Client Status

Current Funding Arrangement

Please advise a TPA/Network to quote and spec deductible:

Requested Third Party Administrator

Requested Network

Requested Specific Deductible

Please note: Broker team should generate TPA quote with local market rep and provide proposal to ICS. Broker team is responsible for local market approvals for same network transitions (i.e. United Healthcare, Cigna).

TPA fee assumptions will be made in the captive pricing proforma until a proposal has been received.

RFP SUBMISSION DETAILS

Attach Census: DOB, DOH, Residence Zip Code, Gender, Coverage Election (EE, ES, EC, EF), Plan Election (if multiple plans), Status (active, COBRA, retiree) *Quote will reflect census enrollment.

If Fully Insured...

Attach current rates

Attach renewal rates Pooling Point (if known)

Do current rates include commission? If yes:

Attach Medical and Rx Plan Design & Commissions (current and description of new if different)

Attach description of partial self-funded arrangement or HRA/deductible buy-down (if applicable)

If Self-Insured...

Attach Administrative Fees & Agreement

Attach copy of Stop Loss contract indicating specific and aggregate fees and attachments

Yes No

DOES THE GROUP GET CLAIMS DATA?

If yes...

Paid claims and enrollment by month for the most recent 24 months, more if available

Large claims with diagnosis for corresponding paid claim reports

Status of large claimants (ongoing, termed, resolved)

Include information on anyone with specific stop loss lasers (if self-insured)

Check if the group has a current HRA in place. Please provide annual/historical HRA utilization.

If no...

Why are claims not available? If gaps are present in claims data, please provide an explanation.

Additional comments (please provide requests for plan design changes):

SUBMIT ALL RFPs TO: MDURHAM@YOURCAPTIVE.COM
AMATALONI@YOURCAPTIVE.COM
PAULINE.SOBELMAN@AHTINS.COM