MEDICAL RISK MANAGERS

Request for Stop Loss Proposal

POLICYHOLDER

Name							
Address							
City		State		Zip			
Effective Date		Date Needed		SIC Code		Industry	
Third Party Administrator				Network			
Broker Name:		Commission					
Single Count		Family		EE/SP		EE/CH	
HMO Count		PPO Count		POS Count		COBRA	
Retirees Under 65		Over 65 and Medicare Eligible				Total EEs	

NETWORKS AND PLAN DESIGN - *Please povide the following data:*

- Network (HMO, PPO, POS, EPO) plan design including current and proposed Schedule of Benefits, major deductibles, copayments,
- An employee census file containing Zip Code, Gender, Date of Birth, Single/Family Status, Network. Excel recommended.
- Large claim reports.

SPECIFIC STOP LOSS

Coverage	☐ Medical		☐ Prescription Drug				
Deductibles Requested							
Contract Basis	☐ 12/12		☐ 12/15		☐ 15/12	☐ Other:	
Annual Maximum		Lifetime Maximum		Unlimited			

AGGREGATE STOP LOSS

Coverage	☐ Medical		☐ Prescription Drug		☐ Dental		
Corridor	☐ 120%		☐ 125%				
Contract Basis	☐ 12/12		☐ 12/15		☐ 15/12	☐ Other:	
Annual Reimbursement					Monthly Accomodation	☐ Yes	☐ No

CURRENT COVERAGE

Current Funding Method	☐ Fully Insured		☐ Minimum Premium		☐ Self-Funded		
Carrier							
Third Party Administrator							
Current/Renewal Terms	☐ Current		☐ Renewal				
Coverage	☐ Medical	☐ Rx	☐ Dental		☐ Specific	☐ Aggregate	
Specific Contract Basis	☐ 12/12		☐ 12/15		☐ 15/12	☐ Other:	
Deductible			Premium Rates:		Single	Family	
Aggregate Contract Basis	☐ 12/12		☐ 12/15		☐ 15/12	☐ Other:	
Annual Reimbursement			Aggregate Factors:		Single	Family	

CONTACT DETAILS

Completed By		Phone	
Organization		Email	
Comments			

PLEASE SUBMIT TO

Medical Risk Managers
1170 Ellington Road
South Windsor, CT 06074

Email: quotesubmissions@mrm-mgu.com
Phone: 860-289-8434
Fax: 860-282-4019