

Medical Captive Submission Checklist

All information should be submitted to rfp@roundstoneinsurance.com. To receive the most competitive and timely proposal, please provide the requested information listed below:

COMPANY INFORMATION

Most Recent Census (preferably within the last 30 days) in Excel

The census should include the following information for each employee: **(1)** Name or ID# **(2)** Home Zip Code **(3)** Gender **(4)** Date of Birth **(5)** Coverage Tier Selection **(6)** Current Plan Selection **(7)** Member level
census preferred but not required

SIC Code or Description of Business

CURRENT PLAN INFORMATION

Current Schedule of Benefits / Benefits Summary / Plan Document

Current rates and 3 years of historic rates

3 Years of Claim History (plus HRA claims, if available), **Month-to-Month Subscriber Enrollment**, **Large Claim Information** (The Large Claim Information should align with the experience period(s) provided)

Current Carrier

PROPOSED PLAN INFORMATION

Proposal Specifics

Details such as **(1)** Name, Email, and Address of Advisor **(2)** Advisor Fee **(3)** Desired Specific Deductible(s) **(4)** Desired Benefit Plan Design **(5)** Network **(6)** Pharmacy Benefit Manager **(7)** Third Party Administrator **(8)** Effective Date

NOTE: Hospital groups must provide the current and proposed percentage of domestic reimbursement. Also, month-by-month experience must be separated into a domestic and non-domestic claim format.