

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 Stop Loss Contract - If contract is unavailable, provide the following: **(1)** Current Specific and Aggregate Rates **(2)** Current Aggregate Factors **(3)** Current Specific Deductible **(4)** Current Contract Basis (12/12, 24/12, etc.) **(5)** Current Attachment Corridor (margin) **(6)** Aggregating Specific Corridor (if applicable) **(7)** Information on Lasered Individuals (if applicable) **(8)** Current Administration Fees

Plan Document

3 Years of Rate History

Renewal Proposal on Carrier Letterhead

Claims History (3 years of month-by-month subscriber enrollment/claims experience AND 3 years of matching large claims history)

Current TPA and Network

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.