SKYWARD SPECIALTY INSURANCE | Accident and Health

SKYWARD SPECIALTY INSURANCE
600 TOWNPARK LANE, SUITE 500, KENNESAW, GA 30144
713.935.4800 | 800.796.9165 (TOLL FREE) | FAX: 610.280.4298

STOP LOSS REQUEST FOR PROPOSAL (RFP)

Rep/Underwriter: _____ UW Assistant: _____
Date Submitted: _____ Due Date: _____ Effective Date: _____
Address: _____ State: _____ Zip Code: _____
Industry Description: _____ SIC Code: _____
Commission Current: _____ Commission Requested: _____

If Fully Insured, Current Carrier(s): _____
Rates & Enrollments Attached: ☐ Current ☐ Renewal
**Include Enrollment for Each Fully Insured Rate Tier*

Current Self Funded Carrier: _____
Broker: _____
Current TPA(s): _____ Proposed TPA(s): _____
Current PPO(s): _____ Proposed PPO(s): _____

Type of Retiree Coverage: ☐ All ☐ Under Age 65 ☐ Not Applicable

Current Specific Coverage	Requested Specific Coverage
Current Specific Deductible: _____	Requested Specific Deductible: _____
Current Specific Corridor: _____	Requested Specific Corridor: _____
Current Specific Contract: _____	Requested Specific Contract: _____
Current Specific Benefits: ☐ Medical ☐ Rx Card	Requested Specific Benefits: ☐ Medical ☐ Rx Card
Annual Spec. Maximum: _____	Requested Annual Spec. Maximum: _____
Lifetime Spec. Maximum: _____	Requested Lifetime Spec. Maximum: _____
Lasers: _____ _____	Lasers: _____ _____
No New Laser with Rate Cap: ☐ Yes ☐ No	NNL with Rate Cap Requested: ☐ Yes ☐ No
If Yes, maximum rate increase (%): _____	*May not be offered on all prospects

If Yes, Please identify any current lasered individuals and amounts on their lasers: _____ _____

If Hospital Group, Domestic Claims Reimbursement Percentage (%): _____ Current _____ Requested

Current Aggregate Coverage	Requested Aggregate Coverage
Current Aggregate Contract Basis: _____	Requested Aggregate Contract Basis: _____ *(List Options if Applicable)* _____
Current Aggregate Benefits: ☐ Medical ☐ Rx Card ☐ Dental ☐ Vision	Requested Aggregate Benefits: ☐ Medical ☐ Rx Card ☐ Dental ☐ Vision
Current Aggregate Maximum: _____	Current Aggregate Maximum: _____

The following information must be included to provide a quote:

- ☐ Current year 50% report showing DX, PX and paid amounts, trigger report, pre-cert report, LCM notes, pending and denied report
- ☐ 2 prior plan years of large claims provided
- ☐ If aggregate coverage requested, paid claim experience (for all coverages included). Current & prior 2 full years
- ☐ Experience reports run by effective date
- ☐ Schedule of benefits included
- ☐ Rates/factors provided
- ☐ Census (Must have zip, DOB or age, coverage (S|F|ES|EC), status (active, retiree, cobra), gender, plan type (breakdown)
- ☐ Special Treaty (Overrides to be included HLC, RLJ, BH)

E-Census to be saved as: _____

Comments:	