



REQUEST FOR STOP LOSS PROPOSAL CHECKLIST

GROUP INFORMATION

- Effective Date
- Group Name
- Group Address + Other Locations
- SIC Code (Industry Type)
- Requested Quote Due Date

REQUEST FOR PROPOSAL

- Proposed Benefits (if different than current)
- Administrator
- Network
- Specific Deductible
- Contract Basis
- Terminal Liability Option (TLO): Specific, Aggregate
- Product: Traditional, EZ Funding, EZ Agg
- Aggregate Accommodation
- Wellness Program
- Captive Program

DOCUMENTS TO SUBMIT

- Census: Name, Date of Birth, Gender, Zip, Coverage Tier, Plan Enrollment, COBRA
- Current Benefits/SBC
- Current Rates
- Renewal Rates
- Claims Experience (3 years, if available)
- Medical Questionnaires

OTHER REQUIREMENTS

- Minimum Enrollment: 25 enrolled employee lives
- Enrollment Participation: 75%, or 51% with valid waiver status
- Retiree Participation: 10% under 65, COBRA Participation: 10%, Combined: 20%

**PLEASE EMAIL ALL REQUESTS FOR PROPOSALS
AND COMPLETED INFORMATION TO:
QUOTES@ECUMGU.COM**