



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

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

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**



REQUEST FOR STOP LOSS PROPOSAL

based on the current employer group insurance arrangement

CURRENTLY FULLY INSURED

- Cover Sheet that includes items listed on page 1
- Claims Reports if available (2-3 years if possible)
 - Monthly claims with monthly enrollment
 - Corresponding high dollar claim report for same reporting period
- Current fully insured rates and renewal rates
- Plan designs
- Dependent Level Census (above)

CURRENTLY SELF FUNDED

- Cover Sheet that includes items listed on page 1
- Please send the following 9 month TPA reports:
 - Aggregate Report
 - 50% Report
 - Trigger Diagnosis Report
 - Pended/Denied/Unfunded Claims Report
 - Rx Report
 - Case Management Notes
 - Any Pre-Certs within the last 180 days
- Current and Renewal Rates
- Updated Census
- Plan Design and and proposed changes

CURRENT BUCA ASO TYPE GROUP

- Cover Sheet that includes items listed on page 1
- Claims reporting and data expectations may vary by state and ASO. Please send the following reports with most recent report month. Report should be no older than 60 days from submission date:
 - Aggregate Report
 - 50% Report
 - Other claims reporting if available

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ECU GENERAL UNDERWRITING GUIDELINES

Minimum Case Size: 25 Enrolled Lives (state dependent)

Territory: All but WA

Ineligible Groups: Non-Taft Hartley Unions, Fraternities, Clubs, Other non-employer groups, Seasonal Industries, MEWAs/MET Employment Services/Agencies, PEO's/ Leasing Firms, Pools or Associations, Oil/Gas extraction or services*, coal mines, Indian Tribes.

Participation: 75%, 51% with verified waiver status

Maximum HMO Participation: 40%

Maximum Retiree Participation (non-Medicare primary): 10%

Maximum COBRA Participation: 10%

COBRA and Retiree Combined: 20%

Maximum Hospital Domestic Reimbursement: 80%

Minimum Specific Deductible: \$20,000

Maximum Aggregate Limit: \$1,000,000

*acceptable to quote organizations in the oil/gas industry that do not have extraction divisions

Products: Traditional, EZ Funding, EZ Agg

TLO: Specific and Aggregate TLO available

NNLO: Available upon request. Must meet certain requirements

Specific Advance: Available on all groups

Contract Types: 12/12, 12/15, 12/18, 12/24, 18/12, 15/12