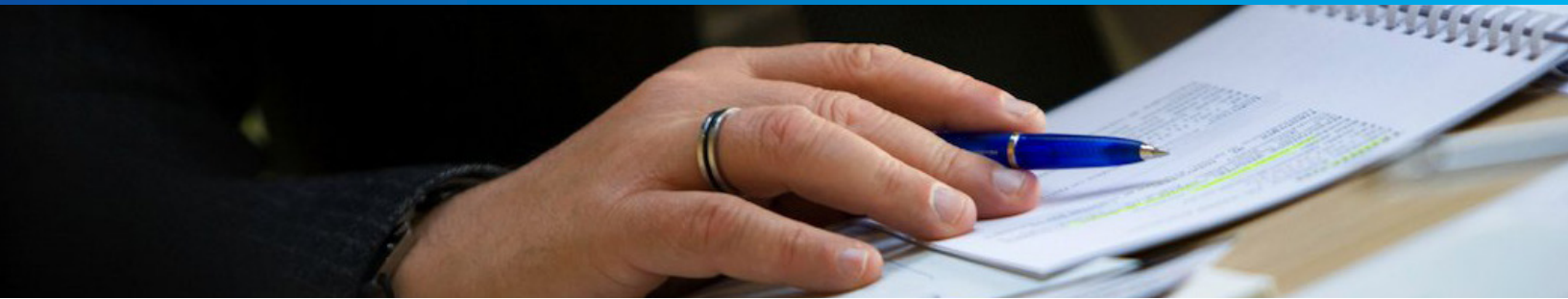




# Quote Submission Checklist



- Legal name of the employer.
- Type of industry (for SIC purposes).
- Desired effective date of coverage.
- Date you would like the quote returned.
- Location of the group (city, state, zip code). If the employer has multiple locations, please include the number of employees at each location with corresponding zip code.
- Current, eligible census. Census should include year of birth or age, gender and type of coverage (single, ee+1, family, etc). Please also indicate any COBRAs or Retirees on the census. A Microsoft Excel format is preferred.
- What UR vendor will be used?
- If a PPO Network is being used, what network? If multiple networks, please indicate by location.
- Current schedule of benefits. Please indicate any benefit changes you would like us to include in the quote, if different from the current schedule. Also, note what coverages are to be included under the specific and/or aggregate (medical, Rx, etc).
- For Specific Coverage, shock claims in excess of 50% of the current deductible or any serious ongoing condition by diagnosis or prognosis. We are able to utilize up to six years of historical data in our rate calculations.
- For Aggregate Coverage, claims history including a month-by-month aggregate report with the number of employees by month for the most recent 14-month period.
- What commission level is requested?
- Is the group currently self-funded?
- Current and/or renewal rates (whether fully insured or self-funded).
- If you would like Organ Transplant coverage quoted in conjunction with Medical Stop Loss, please let us know in the submission.

### Send Submissions To:

- **Northeast Region** - NESTopLoss@tmhcc.com
- **Southwest Region** - SWStopLoss@tmhcc.com
- **Southeast Region** - SEStopLoss@tmhcc.com
- **Northwest Region** - NWStopLoss@tmhcc.com
- **West Region** - WESopLoss@tmhcc.com

- **Captive** - CaptiveStopLoss@tmhcc.com
- **Taft-Hartley** - Send RFPs to your local office

