



# Organ Transplant Quote Submission Checklist

- Legal name of the Employer
- Location of Employer (city, state, zip code)
- Effective date of coverage
- Due date requested
- Policy anniversary date (if less than 12 months)
- Name and address of the Administrator
- Name and address of Agent of Record (Entity)
- Name of Licensed Agent (Individual)
- Single/Family Headcounts
- Commission level requested (up to 10%)
- Lifetime maximum desired (\$1 Million or Unlimited)
- Current stop loss claims reporting package (should include prognosis or diagnosis)
- Indicate if Retirees and/or COBRA participants are eligible under the group's self-funded plan
- Within the last 24 months, has anyone been advised of, evaluated for, listed for, or received a transplant, or been on dialysis, or diagnosed with Chronic Kidney Disease or End Stage Renal Disease? If so, please provide case management notes, as this will help us determine if a decline may be necessary up front
- Minimum covered lives is 50 employees

The Organ Transplant product is not available in all states

Please contact Guy Finley, AVP Sales - Organ Transplant at [gfinley@tmhcc.com](mailto:gfinley@tmhcc.com) with any questions

Send Submissions To: [rfp.slot@tmhcc.com](mailto:rfp.slot@tmhcc.com)