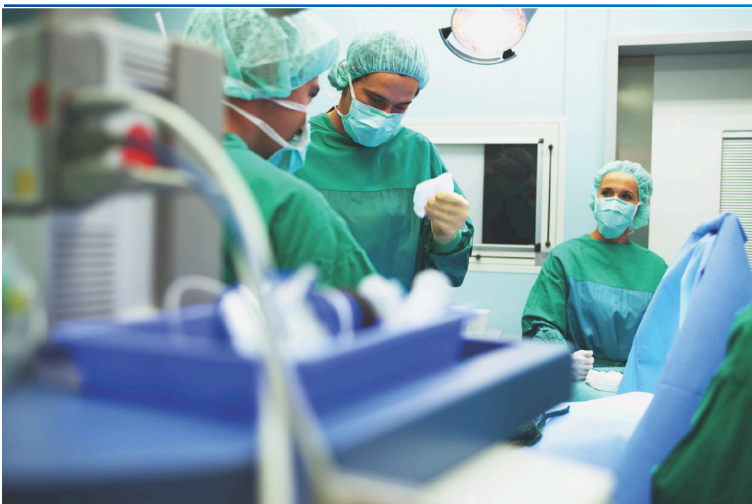


Organ Transplant Quote Submission Checklist



- 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)
- Commission level requested (up to 10%)
- Lifetime maximum desired (\$1 million, \$2 million, Unlimited)
- Single/Family Headcounts
- Minimum covered lives is 50
- 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, received a transplant, been on dialysis, or been 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



Send Submissions To:

rfp.slot@tmhcc.com

Please contact your regional marketing representative with any organ transplant questions.

The Organ Transplant product is not available in all states.

Tokio Marine HCC – Stop Loss Group

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