![indigo INSURANCE SERVICES]

Stop Loss Request Form

Sales Executive Name_____

SIC Code_____

Date Submitted_____

Stop Loss Broker_____

Due Date_____

Primary City_____

Proposed Effective Date_____

Primary Zip Code_____

Name of Company_____

Retirees: Yes/No

Number of Lives:_____

Broker Commissions:_____% of Premium [maximum = 12.5%]

Specific Stop Loss

Current Specific Deductible:_____

Specific Includes_____

Deductible Options to Quote:_____   _____   _____

	Current	Proposed	
Current Contract Basis (if ASO):	Select One	Select One	Other:_____
Contract Basis to Quote:	Select One	Select One	Other:_____
Maximum Reimbursement:	Select One	Select One	Other:_____
Aggregating Specific:	Select One	Amount Requested_____	Current Amount:_____

Aggregate Stop Loss

	Current		
Contract Basis to Quote:	Select One		Other:_____
Aggregate Corridor:	Select One		Other:_____

Current Carrier:_____

Number of Years with Current:_____

Current Specific Rates:_____

Current Aggregate Rates:_____

Current Lasers (if applicable):_____

Additional Comments:

Please note - the following minimum information is needed to quote a new stop loss case:

Census including DOB, gender, zip and benefit tier
Minimum 2 years of large claims data
Minimum 2 years paid claims and enrollment (if aggregate is requested)
Current plan design
Current network and administrator