



Send Reply to:
 David Rhodus
 drhodus@healthscg.com
 Phone: 859 979 5034
 Fax: 630 206 1055

REINSURANCE UNDERWRITING QUOTE:

Group Information:

Name of Group		# of Employees
Primary Location (City,State,Zip)		Other Locations (Please List)
SIC/NAICS Code	Nature of Business	
Current Insurance Carrier		
Effective Date with Current Carrier	Requested Effective Date	

Benefits Information:

Benefits Requested <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Prescription Drugs	Current Funding Model <input type="checkbox"/> Fully Insured <input type="checkbox"/> Fully Funded <input type="checkbox"/> Self Funded <input type="checkbox"/> Other _____	
	Requested Funding Model <input type="checkbox"/> Fully Insured <input type="checkbox"/> Fully Funded <input type="checkbox"/> Self Funded <input type="checkbox"/> Other _____	
	Single Family	Current Rate
Specific Deductible to Quote 1. _____ 2. _____ 3. _____	Specific Contract Type <input type="checkbox"/> 24/12 <input type="checkbox"/> 12/12 <input type="checkbox"/> 12/15 <input type="checkbox"/> Other _____	Aggregate Contract Type <input type="checkbox"/> 24/12 <input type="checkbox"/> 12/12 <input type="checkbox"/> 12/15 <input type="checkbox"/> Other _____
Special Lifetime Maximum <input type="checkbox"/> \$1,000,000.00 <input type="checkbox"/> \$2,000,000.00 <input type="checkbox"/> \$5,000,000.00 <input type="checkbox"/> Unlimited		
Additional Aggregate in addition to Medical <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Vision <input type="checkbox"/> Dental		

Managed Care Vendors:

Primary PPO	UR	LCM
PPO Wrap 1	PPO Wrap 2	HOTT

Attachments Check List

<input type="checkbox"/> Census (which includes gender, date of birth/age, zip codes and coverage type for all employees included in plan) <input type="checkbox"/> Current Plan Document <input type="checkbox"/> Proposed Plan Document <input type="checkbox"/> Large claim history <input type="checkbox"/> Claims experience for two years or more
