

# Medical Captive Submission Checklist

All information should be submitted to [rfp@roundstoneinsurance.com](mailto:rfp@roundstoneinsurance.com). To receive the most competitive and timely proposal, please provide the requested information listed below:

## COMPANY INFORMATION

- Most Recent Census (preferably within the last 30 days) in Excel**  
The census should include the following information for each employee: (1) Name or ID# (2) Home Zip Code (3) Gender (4) Date of Birth (5) Coverage Tier Selection (6) Current Plan Selection
- SIC Code or Description of Business**

## CURRENT PLAN INFORMATION

- Current Stop Loss Contract - If contract is unavailable, provide the following:** (1) Current Specific and Aggregate Rates (2) Current Aggregate Factors (3) Current Specific Deductible (4) Current Contract Basis (12/12, 24/12, etc.) (5) Current Attachment Corridor (margin) (6) Aggregating Specific Corridor (if applicable) (7) Information on Lasered Individuals (if applicable) (8) Current Administration Fees
- Plan Document**
- 3 Years of Rate History**
- Renewal Proposal on Carrier Letterhead**
- Claims History** (3 years of month-by-month subscriber enrollment/claims experience AND 3 years of matching large claims history)
- Current TPA and Network**

## PROPOSED PLAN INFORMATION

- Competing Quote Information** (Must be sent on carrier letterhead with all pages.)
- Proposal Specifics:** Details such as (1) Name, Email, and Address of Advisor (2) Advisor Fee (3) Desired Specific Deductible(s) (4) Desired Benefit Plan Design (5) Network (6) Pharmacy Benefit Manager (7) Third Party Administrator (8) Effective Date

*NOTE: Hospital groups must provide the current and proposed percentage of domestic reimbursement. Also, month-by-month experience must be separated into a domestic and non-domestic claim format.*