

# INFORMATION NEEDED FOR STOP LOSS EVALUATION

**(1) GROUP INFORMATION**

- (a) Complete name of the group
- (b) City, State and zip codes for each business location
- (c) Nature of business or SIC code

**(2) CENSUS INFORMATION**

- (a) Date of birth or age of participant
- (b) Gender
- (c) Single or family coverage
- (d) Life insurance volume  
(if volume is determined by salary, include salaries)
- (e) Request for LTD requires census to include occupation and salaries

**(3) CARRIER/VENDOR INFORMATION**

- (a) Current Stop Loss or Fully Insured carrier
- (b) Current PPO provider(s)

**(4) POLICY/CONTRACT INFORMATION**

- (a) Effective Date
- (b) Current rates and factors (renewal, if available)
- (c) Specific Stop Loss Deductible (current and options)
- (d) Contract basis (current and options)
- (e) Coverages to be included in the Aggregate

**(5) ADMINISTRATION/VENDOR FEES**

- (a) Annual administration fees?
- (b) Claims administration fees?
- (c) PPO provider fees?
- (d) Utilization/LCM fees?

**(6) SCHEDULE OF BENEFITS**

- (a) Include a complete copy(s) of all current benefits pertaining to the group  
(Medical, Dental, Rx, Vision, LTD, STD, Life/AD&D, etc.)
- (b) Indicate any options or enhancements you wish to propose

**(7) EXPERIENCE INFORMATION**

- (a) Month by month paid claims/enrollment for the current policy period
- (b) Month by month paid claims/enrollment for the previous policy period

**(8) SHOCK LOSS INFORMATION**

- (a) List all participants, who, during the current and past policy period(s) have had claims in excess of 50% of the Specific Deductible, or if fully insured, claims in excess of \$10,000. Please include diagnosis, prognosis, and present status of the participant(s).

*For more information, contact:*

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