

Insurance Mass Marketing Systems, Inc.

REQUEST FOR STOP LOSS PROPOSAL

GROUP: _____ **DATE:** _____

LOCATION: _____ **INDUSTRY:** _____

EFFECTIVE DATE: _____ **PROPOSAL NEEDED BY:** _____

MUST HAVE 2 YEARS OF PAID CLAIMS ECXPERIENCE WITHIN 90 DAYS OF THE EFFECTIVE DATE: LIST ALL INDIVIDUAL SHOCK CLAIMS FOR EACH YEAR WHICH TOTAL 50% OF SIR REQUESTED ON PAGE 2 OF THIS FORM

FIRST YEAR: - From _____ **to** _____ **Total Claims Paid: \$** _____

Carrier: _____ **Number of Insured's – Single** _____ **Family** _____ **Total** _____

Number of active employees' insured- age 65-69: _____ **Are Retirees covered: Yes** _____ **No** _____

Is Medicare primary for al insured ages 70 & above? Yes _____ **No** _____ **Number insured 70 & above** _____

SECOND YEAR: - From _____ **to** _____ **Total Claims Paid: \$** _____

Carrier: _____ **Number of Insured's – Single** _____ **Family** _____ **Total** _____

Number of active employees' insured- age 65-69: _____ **Are Retirees covered: Yes** _____ **No** _____

Is Medicare primary for al insured ages 70 & above? Yes _____ **No** _____ **Number insured 70 & above** _____

THIRD YEAR: - From _____ **to** _____ **Total Claims Paid: \$** _____

Carrier: _____ **Number of Insured's – Single** _____ **Family** _____ **Total** _____

Number of active employees' insured- age 65-69: _____ **Are Retirees covered: Yes** _____ **No** _____

Is Medicare primary for al insured ages 70 & above? Yes _____ **No** _____ **Number insured 70 & above** _____

Number of employees currently covered: - Single _____ **Family** _____ **Total** _____ **Average age:** _____

Specific Deductible Requested: \$ _____ **\$** _____ **\$** _____ **Lifetime Max: \$** _____

Coverage Basis Requested: 12/12 _____ **12/15** _____ **15/12** _____ **18/12** _____ **Paid** _____ **Other** _____

Proposal Requested by: _____

Shock Claims Listed by Period

FIRST YEAR: From _____ to _____

List All Claims 50% excess of the lowest SIR Requested & over

Claimant	Diagnosis	Paid Amt.	Diagnosis/Status
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SECOND YEAR: From _____ to _____

List All Claims 50% excess of the lowest SIR Requested & over

Claimant	Diagnosis	Paid Amt.	Diagnosis/Status
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

THIRD YEAR: From _____ to _____

List All Claims 50% excess of the lowest SIR Requested & over

Claimant	Diagnosis	Paid Amt.	Diagnosis/Status
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Fax completed copy to: 972-458-1461