MEDICAL STOP-LOSS APPLICATION

North America
RMC Group, NA
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Naples, FL 34102
+1 888 599 5553

United Kingdom
RMC Group, UK
6 Bevis Marks
London, EC3A 7BA
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SECTION I - GENERAL INFORMATION

Full Legal Name of Applicant	Applicant is a (check one) ☐ Association ☐ MEWA ☐ Labor Union ☐ Corporation ☐ Partnership ☐ PEO ☐ Other

Address of Applicant (If mailing address different, provide in Remarks)

Applicant Phone No.	e-Mail Address	Effective Date (mm/dd/yy) / /	Expiration Date (mm/dd/yy) / /

Full Legal Name of Affiliates, Subsidiaries and Other Major Locations to be Included in Coverage

Address of Affiliates or Subsidiaries: ☐ None ☐ See attached listing

Nature of Business of the Applicant to be Insured	SIC Code(s)	Name, e-Mail and Phone No. of Key Contact Person at Applicant
Estimated Initial Enrollment Employee: Employee + Child(ren): Employee + Spouse: Employee + Family:	Retirees Covered ☐ Yes ☐ No	

Comments

SECTION II – SPECIFIC STOP-LOSS COVERAGE

Specific Coverage Requested ☐ Yes ☐ No	Specific Includes (check one) ☐ Medical Only ☐ Medical & Rx	Deductibles Options to Quote ($50,000; $100,000; etc.)

Current Contract Basis

☐ 12/12 ☐ 12/15 ☐ 12/18 ☐ 12/24 ☐ 15/12 ☐ 18/12 ☐ Paid ☐ 24/12 ☐ Other ____________

Contract Basis to Quote

☐ 12/12 ☐ 12/15 ☐ 12/18 ☐ 12/24 ☐ 15/12 ☐ 18/12 ☐ Paid ☐ 24/12 ☐ Other ____________

Current Specific Carrier	Current & Renewal Specific Rate
Current Lasers (if applicable)	Number of Years with Specific Carrier

Comments

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SECTION III – AGGREGATE STOP-LOSS COVERAGE

Aggregate Coverage Requested

☐ Yes ☐ No

Aggregate Corridor

☐ 125% ☐ 120% ☐ Other ____________________

Contract Basis to Quote

☐ 12/12 ☐ 12/15 ☐ 12/18 ☐ 12/24 ☐ 15/12 ☐ 18/12 ☐ Paid ☐ 24/12 ☐ Other ______________________________

Current Aggregate Carrier

Current & Renewal Aggregate Rates

Current Lasers (if applicable)

Number of Years with Aggregate Carrier

Comments

SECTION IV – ADDITIONAL INFORMATION

Current PPO Network

Proposed PPO Network

Current Third Party Administrator

Proposed Third Party Administrator

Other Coverages to Quote

☐ Life ☐ Disability ☐ Vision ☐ Dental ☐ Retirement ☐ Other ______________________________

Proposed Other Networks (organ transplant, prescription, etc.)

In Addition, Please Supply the Following Information:

- Employee Census
  (in excel or similar format, including DOB, gender, zip code, and benefit tier)
- 2 Years of Monthly Claims Experience
- 2 years of Monthly Enrollment
- HMO Penetration
- Employer Contribution Level
- Employee Participation %
- 2 Years of Large Claims Experience
  (including the amount paid, diagnosis, and prognosis for all claims that exceed the requested deductible amount)
- Current & Renewal Plan Design

Comments

Want to know more?

Call us at 888.599.5553 or email us at support@rmcgp.com.