

# ORIEN

RISK ANALYSTS

## MEDICAL STOP LOSS TRANSMITTAL

INSURED: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_

TPA: \_\_\_\_\_

UNDERWRITER: \_\_\_\_\_  NEW  RENEWAL

### SPECIFIC COVERAGE

SPECIFIC DEDUCTIBLE \$ \_\_\_\_\_ LIMIT OF LIABILITY \$ \_\_\_\_\_

CONTRACT BASIS: \_\_\_\_\_ COVERAGES: \_\_\_\_\_ SIC CODE: \_\_\_\_\_ % OF MANUAL \_\_\_\_\_

SINGLE \$ \_\_\_\_\_ EE's \_\_\_\_\_ SINGLE + DEP \$ \_\_\_\_\_ EE's \_\_\_\_\_

SINGLE + SP/Dom. Partner/Civil Union \$ \_\_\_\_\_ EE's \_\_\_\_\_ FAMILY \$ \_\_\_\_\_ EE's \_\_\_\_\_

COMP: \$ \_\_\_\_\_ EE's \_\_\_\_\_

### AGGREGATE COVERAGE

RATE PER EE: \_\_\_\_\_ CONTRACT BASIS: \_\_\_\_\_

SINGLE FACTOR: \$ \_\_\_\_\_ SINGLE + DEP FACTOR: \$ \_\_\_\_\_

SINGLE + SP/DP/CU FACTOR \$ \_\_\_\_\_ FAMILY FACTOR: \$ \_\_\_\_\_

COMP. FACTOR: \$ \_\_\_\_\_ COVERAGE BASIS:  Medical  Vision  
 PCS  WDI  
 Dental  Other

PPO: \_\_\_\_\_ DISCOUNT: \_\_\_\_\_%

Estimated Annual Attachment Point: \$ \_\_\_\_\_

Minimum Annual Attachment Point: \$ \_\_\_\_\_

Estimated Annual Premium Specific: \$ \_\_\_\_\_ Agg.: \$ \_\_\_\_\_

COMMISSIONS TPA/BROKER: \_\_\_\_\_% MGU COMMISSION: \_\_\_\_\_

AGGREGATING SPECIFIC LEVEL: \_\_\_\_\_ ADJUSTABLE @ \_\_\_\_\_ PEPM

CONTINGENCIES FOR POLICY ISSUE OR INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3279 Veterans Memorial Highway, Suite D-9, Ronkonkoma, NY 11779  
Tel: 631-467-3901 Fax: 631-467-1862