

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: _____

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