



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 \$ EEs SINGLE + DEP \$ EEs
SINGLE + SP \$ EEs FAMILY \$ EEs

AGGREGATE COVERAGE:

RATE PER EE: \$ CONTRACT BASIS:
SINGLE FACTOR \$ SINGLE + DEP FACTOR \$
SINGLE + SP 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: % NET GROSS

AGGREGATING SPECIFIC LEVEL

PARTNER PLUS PARTNER SELECT RBP RETIREES COVERED: YES NO

CONTINGENCIES FOR POLICY ISSUE OR INSTRUCTIONS:

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