

**XS**

# Required for Quotation

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**EXCESS REINSURANCE UNDERWRITERS, INC.**

P.O. Box 667, Woodbury, NJ 08096 Phone 856-251-2280

## Employer Data

- Name and address including zip code of each location
- Nature of business
- If employer has more than one location, the number of employees at each zip code is needed

## Proposed Coverage

- Proposed effective date
- Requested specific limit
- Requested aggregate limit
- Type of contract desired
  - Incurred and paid
  - Paid
  - Run In
  - Run Out

## Current Policy and Renewal Information

- Fully insured accounts
  - Current rates
  - Renewal rates
  - Carrier name
  - Benefits covered
- Self-funded accounts
  - Current specific deductible and rates, aggregate factor, premium and contract type
  - Renewal terms, if available
  - Carrier name
  - Benefits covered
- Description of employee's current plan. Attach current summary plan description and policy or plan document, if available.

## Plan of Benefits to be Insured

If requested plan differs from the current plan, detail all proposed changes

## Census Data

- Provide total number of eligible employees
- Provide census of employees to be covered reflecting date of birth, sex and single/family status by zip code
- Indicate those employees who are retired, COBRA participants and/or life only applicants

## Claims Data

- Paid claims data for the two most recent experience periods
- Average enrollments for each experience period
- If employer is self-funded, provide month by month claim and enrollment data for the preceding 24 months
- If requesting dental, vision, prescription drugs and/or weekly income, claims paid for the preceding 24 months must be provided separately with enrollment, if different from medical

## Shock Loss Data

Provide the following data for claims which exceeded 50% of the proposed specific limit or \$30,000, whichever is less, for the two most recent experience periods.

- Employee/Dependent status
- Age and sex
- Payment dates by experience periods
- Total paid claims
- Diagnosis, prognosis and treatment
- Current status and estimate of future expenses

## Funding Data

- If plan is contributory, indicate amounts/percentage paid by employees
- Indicate if the plan is covered by a collective, bargaining agreement (Union/Non-Union)

## Comments

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