

CAPTIVE CHECKLIST

CAPTIVE GROUP SUBMISSION REQUIREMENTS

- *Minimum of 50 employee lives for quoting purposes*
- *Indicate if you are the current agent*

Risk Solutions Captive checklist requires the following items in order to provide the most competitive quotes:

(Electronic submission is preferred)

- Group name, phone number and address
- Effective date
- Nature of industry
- Broker contact name, email address, phone number and mailing address
- Requested broker commission and/or broker fee
- Employer contribution by coverage tier (% or \$ amount)
- Duration with current carrier
- Number of carriers in the last 3 years
- Current and proposed schedule of benefits
- Renewal rates and benefit summaries for the past two years
- Most recent 24 month period claims experience shown monthly, including monthly enrollments and/or aggregate reports broken down by plan year (if available)
- Employee census with coverage type, date of birth, employee zip code and gender. COBRA and retirees must be identified on the census. (This MUST be submitted electronically—Excel format preferred.)
- Participation Level: Total eligible employees vs. total enrolled in the plan
- Most recent 12 months of shock or large claim (over \$25,000 per person) information with diagnosis, prognosis and amount paid (prior year, if available)
- Completed Gerber disclosure
- Employers knowledge of any existing or potential large claims
- Other product lines to be quoted (i.e. Life, Dental, STD)



**RISK SOLUTIONS
CAPTIVE, INC.**

PLEASE SEND SUBMISSIONS TO:

Proposals@hcsbenefits.com :: 100 Bluegrass Commons #200, Hendersonville, TN 37075

Phone: 615.590.1217 :: Toll-free: 800.526.3919 :: Fax: 615.822.9565