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|  | Innovative Stop Loss Solutions RFP Intake |  |  |
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|  |  |  |
| --- | --- | --- |
| MM/DD/YYYY |  |  |
| Date |  | Group Name |
|  |  |  |
| SIC |  | Group Location/Address |
|  |  |  |  |
| Effective Date |  Spec Deductible(s) Current/Requested |
|  |
| Contract Type (Current/Requested) |
|  |  |  |  |
|  | Current/Requested TPA |  | Aggregate Coverage (Y/N) |
|  |
| Current/Requested Network/PBM |
|  |  |
|  | Commissions |
|  | Current/Renewal Rates |
|  |  |
|  | Additional Requests (TLO, Agg Accommodation, NNL/Rate Cap, etc.) |

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