



Accident & Health Group Request for Proposal (RFP) Submission Information

Please submit all RFPs to esl_underwriting@swissre.com - The following information should be included in your request for stop-loss coverage:

General Information:

- Legal name and address of the group
- Nature of the business and/or SIC code
- Census - including the following information:
 - Dates of birth
 - Medical tier election (i.e. ee, es, ec or fam)
 - Plan election
 - Zip codes
 - Gender
 - Retiree and COBRA information

Current Coverage Information:

- Type of coverage
- Effective date
- Contract basis
- Specific deductible
- Name and period of coverage for current and prior carriers, TPAs, PPOs and utilization review, as applicable
- Minimum two (2) years of monthly paid claims experience with monthly enrollment (if available)
- Minimum two (2) years of large claims experience (greater than 50% of specific deductible)
- Minimum of six (6) months of experience immediately prior to the effective date is required
- Schedule of benefits
- Rates and/or rate history
- Aggregate factors, if applicable
- Is the group an NPC (not previously covered)?
- Commission percentage, if any, included in the rates
- Is the current coverage self-funded or fully insured?
 - If fully insured, is there a fully insured HMO?
 - If yes, how many are participating?

Contact us

Please contact your regional sales executive for additional information.

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* Identify speciality coverages such as OTS and MEC

Proposed Coverage Information:

- Effective date of coverage
- Contract basis
- Coverages to be included (medical, RX, etc.)*
- Specific deductible
- Aggregate factors, if applicable
- TPA
- Schedule of benefits
- Network (if different than current)

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Insurance products underwritten by Westport Insurance Corporation and North American Specialty Insurance Company.

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