

# Medical Captive Submission Checklist

All information should be submitted to [rfp@roundstoneinsurance.com](mailto:rfp@roundstoneinsurance.com). To receive the most competitive and timely proposal, please provide the requested information listed below:

## COMPANY INFORMATION

- Most Recent Census (preferably within the last 30 days) in Excel**  
The census should include the following information for each employee: (1) Name or ID# (2) Home Zip Code (3) Gender (4) Date of Birth (5) Coverage Tier Selection (6) Current Plan Selection
- SIC Code or Description of Business**

## CURRENT PLAN INFORMATION

- Current Schedule of Benefits / Benefits Summary / Plan Document**
- Current rates and 3 years of historic rates**
- 3 Years of Claim History** (plus HRA claims, if available), **Month-to-Month Subscriber Enrollment, Large Claim Information** (or available claims from carrier)
- Current Carrier**

## PROPOSED PLAN INFORMATION

- Competing Quote Information**
- Proposal Specifics**  
Details such as (1) Name and Email of Advisor (2) Advisor Fee (3) Desired Specific Deductible(s) (4) Desired Benefit Plan Design (5) Network (6) Pharmacy Benefit Manager (7) Third Party Administrator (8) Effective Date

*NOTE: Hospital groups must provide the current and proposed percentage of domestic reimbursement. Also, month-by-month experience must be separated into a domestic and non-domestic claim format.*