

## 48-Hour Risk Evaluation - Information Request

Send email submissions to: [riskevals@rsbenefits.com](mailto:riskevals@rsbenefits.com)

**Please provide the following information for each submission:**

- Salesperson Name: \_\_\_\_\_
- Name of Agent:
  - Is Agent the Broker of Record?  Yes  No
- Name of Company for Risk Assessment: \_\_\_\_\_
- Company's Address: \_\_\_\_\_
- 4-digit SIC Code: \_\_\_\_\_
- Current Network: \_\_\_\_\_
- Requested Network: \_\_\_\_\_
- Spec Deductible: \_\_\_\_\_
- Contract Basis: \_\_\_\_\_
- Current Coverage (check one):  Fully Insured /  Self-Funded /  Level Funded
- Binding Date: \_\_\_\_\_

**Please attach the following:**

- Recent Claims Data (*Please note if this data is unavailable*) \_\_\_\_\_
- Schedule of Benefits
- Recent Member-Level Census that Includes the following:
  - First Name
  - Last Name
  - Gender
  - DOB
  - Home Street Address
  - Home Zip Code
  - Relationship
  - Medical Coverage Tier