

Request for Proposal

Complete this form based on your employer's current plan and then select the program type to be quoted.

1a. Currently Fully Insured Transitioning to Self-Funding

Group Information

Name of Group: _____
Address: _____
Group Industry and SIC code: _____

Broker Information

Name: _____
Phone Number: _____
E-Mail: _____
Requested Compensation: _____
Broker of Record?: _____

Proposal Due Date

Date: _____

Census in Excel Form

- First Name
- Last Name
- Gender
- Date of Birth
- Zip Code
- Dependent Status / Relationship
- Plan Elected Status
(if there are multiple benefit plans)
- Medical Coverage Tier

Group Information

Current PPO Network: _____
PPO Network to be quoted: _____

Preferred Vendors

TPA: _____
Rx: _____
Additional: _____

Plan Document

- Current year plan document with schedule of benefits
- Amendments
- Prior year schedule of benefits
 - If different than current year and available
 - Required if prior year rates are provided

Rate

- Current fully insured rates
- Renewal rates (if available)
- Prior 2 years of fully insured rates (if available)

**Member Census
(if claims data isn't available)**

1b. Currently Self-Funded and Wants to Move Plan

Group Information

Name of Group: _____
Address: _____
SIC code (Industry): _____

Broker Information

Name: _____
Phone Number: _____
E-Mail: _____
Requested Compensation: _____
Broker of Record?: _____
Commission: _____

1b. Currently Self-Funded and Wants to Move Plan (continued)

Proposal Due Date

Date: _____

Requested Effective Date

Date: _____

Census in Excel Form

- First Name
- Last Name
- Gender
- Date of Birth
- Zip Code
- Dependent Status / Relationship
- Plan Elected Status
(if there are multiple benefit plans)
- Medical Coverage Tier

PPO Network

Current PPO Network: _____

PPO Network to be quoted: _____

Preferred Vendors

Current TPA: _____

Requested TPA: _____

Current PBM: _____

Requested PBM: _____

Additional: _____

Rate

- Current rates and factors
- Renewal rates (if available)
- Current Maximum Cost to include admin, fees, etc.

Contract Options

Aggregate Deductible

Current aggregate deductible: _____

Requested aggregate deductible: _____

Aggregate Corridor

Current aggregate corridor: _____

Requested aggregate corridor: _____

Specific Deductible

Current specific deductible: _____

Requested specific deductible: _____

Current and Two Prior Year Large Claims / 50% and Aggregate Reports (by current contract basis, not on a rolling 12)

2. Select the Program Type(s) to be quoted

Integrated Health Turnkey Solution

- Traditional Stop Loss Level-Funded Group Captive

Captive

- Traditional Stop Loss Level-Funded

Stop Loss Only

- Traditional Level-Funded

Select how would you like us to access our stop loss carriers?

- Delegated Underwriting Authority Only Open Market Only Both

If you have any questions, please reach out to your Ryan Specialty Benefits Broker Advisor.

Fraud Warnings

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Warnings

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects to such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits. **WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.