



GREENWOOD INTERNATIONAL  
INSURANCE SERVICES, INC

**GREENWOOD INTERNATIONAL INSURANCE SERVICES, INC.  
INFORMATION FOR MEDICAL STOP LOSS**

225 Franklin Street, Suite 1201 ~ Boston, MA 02110 ~ Phone: 617-502-3000 ~ Fax: 617-728-8268

Name and Address of Applicant: \_\_\_\_\_

Nature of Business/SIC Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name and Address of Current Administrator: \_\_\_\_\_

Current Plan Details:

	<u>PPO</u>	<u>Non-PPO</u>		<u>PPO</u>	<u>Non-PPO</u>
Deductible:			Supplemental Accident Amount:	N/A	N/A
Single:	\$	\$	Deductible Waived?:	N/A	N/A
Family:	\$	\$	Managed Care:		
Coinsurance %:	%	%	Pre-Administration Cert:		<input checked="" type="checkbox"/>
Out-of-Pocket Max:			Concurrent Review:		<input checked="" type="checkbox"/>
Single:	\$	\$	Discharge Planning:		<input checked="" type="checkbox"/>
Family:	\$	\$	Case Management:		<input checked="" type="checkbox"/>
M/N Annual Max:			Lifetime Maximum:		\$
In-Patient Days:					
Out-Patient Visits:					

Number of Eligible Lives: single: \_\_\_\_\_  
family: \_\_\_\_\_  
Total Lives: \_\_\_\_\_

Current Stop Loss Details:

	<u>SPECIFIC</u>	<u>AGGREGATE</u>
Contract Type:	/	24/12
Individual Deductible:	\$	%
Individual Max. Limit:	\$	
Group Max. Limit:		
Premium:		
single	\$	
family	\$	
Options:		
Dental:		<input type="checkbox"/>
Vision:		<input type="checkbox"/>
PCS:		<input type="checkbox"/>
Weekly Indemnity:		<input type="checkbox"/>
Factor:		
Single		\$
family		\$
Minimum Attachment Point:		\$
Premium:		
composite		\$
Run-in Limit:		\$

Notes: Minimum Premium Due in the amount of \$ \_\_\_\_\_ if the account cancels prior to \_\_\_\_\_

The Plan's most recent three years claim history for aggregate experience:

PERIOD (From – To)	TOTAL PAID CLAIMS	AVERAGE NUMBER OF EMPLOYEES

All specific stop loss claims corresponding to the above periods that exceeded 100% of the specific deductible in that period:


All known individual claims and potential large claims in excess of 50% of the deductible for the Period:


\_\_\_\_\_  
 [Underwriter]  
 Greenwood International Ins. Services, Inc.

\_\_\_\_\_  
 Licensed & Appointed Agent for  
 Federal Insurance Company

\_\_\_\_\_  
 Authorized Signature  
 [Policyholder]

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date