



## ITEMS NEEDED FOR A SELF-FUNDED PROPOSAL

- 1) **Census Information** – For each plan participant (sex, date of birth, marital status, type of coverage, home zip code. Total number of employees for Plan Sponsor – to determine participation
- 2) **Summary Plan Description** – Most recent Plan booklet or schedule of benefits and limitations. Also please note any benefit changes considered for the current Plan year.
- 3) **Claims History** - Paid claims for at least the last two completed plan years (three years if available) and year-to-date experience for current plan year. By month, if possible, and with RX separated if benefit is through a PBM.
- 4) **Specific or Large Claims** - Listing of large claims from Claims History that reached at least 50% of Stop-Loss Contract Specific Deductible in a plan year or may in the current year. Please specify employee or dependent, the total dollar amount of the claim, diagnosis/ prognosis.
- 5) **Specific Deductible** – Level(s) of per claim retention (\$15,000, \$25,000, etc.) that Plan sponsor will consider.
- 6) **Stop Loss Policy Information** – Current Specific Deductible, Current Aggregate attachment point/aggregate factors. Current Stop Loss Insurance specific and aggregate rates. Current Stop Loss Policy contract basis (12/12, 12/15, 15/12), type of contract desired.
- 7) **Plan Sponsor Information** - Nature of business (SIC Code), Zip codes of various locations. Amount (%) employer (plan sponsor) contributes toward employee only monthly premiums, employee and dependent monthly premiums.
- 8) **Name of Current PPO Network**
- 9) **Name of Current PBM** for RX card if applicable
- 10) **Life Insurance** - Is life insurance quote requested? If so, what life amount should be quoted?
- 11) **Optional items: List of Provider ID numbers and zip codes for PPO review**  
**Proposed Plan Changes – either to benefits or deductibles / co-pay**

*Excel Format is preferable f-or items 1 & 3*

You may submit by mail to:

**S B Howard & Company**  
**P. O. Box 1627**  
**Rogers, AR 72757-1627**

Or by e-mail to:

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