

Apex Alternate Funding Captive Proposal Submission Checklist

Currently Fully Insured

All information must be sent to captive@apex-healthsolutions.com.

1. Company name and address: _____

County: _____

2. SIC code: _____

3. Most recent census information of ELIGIBLE employees AND dependents* which includes:

- Gender
- Home zip code
- Date of birth
- Coverage tier
- Plan selection (required if there are currently multiple plan options)
- Employment status (active, COBRA)

*Both employee and dependent information is integral to underwriting. Captive format census is required.

4. Please attach a copy of the current schedule of benefits or benefit summary.

5. Current & renewal rates: _____
Current Renewal

6. ERAF (Employer Risk Assessment Form)

7. Please attach three-year rate history & claim history. If unavailable (<25 employees on the plan), manual rates will be used to price. 50-99 and 100+ lives, claims data should be available and submitted.

8. Three-year average enrollment: _____

9. Current number of insured lives: (Contracts) _____ (Members) _____

10. Current carrier & PPO network: _____

11. Requested Network(s): _____

12. Desired effective date and contract period: _____

13. Desired specific deductible: _____

14. Advisory fee (commission): _____

