

# Apex Alternate Funding Captive Proposal Submission Checklist

## Currently Self-Funded

All information must be sent to [captive@apex-healthsolutions.com](mailto: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 current schedule of benefits, benefit summary or plan document

5. Please attach the most recent & previous two years aggregate & large claim reports including:

- Current & renewal specific & aggregate rates
- Current & renewal aggregate factors
- Current specific deductible
- Current contract basis
- Three years monthly enrollment & claims
- Large individual claim information (paid dates and amounts)

6. Current TPA & PPO network: \_\_\_\_\_  
• Including current/renewal fixed fees

7. Current number of insured lives: (Contracts) \_\_\_\_\_ (Members) \_\_\_\_\_

8. Requested Network(s): \_\_\_\_\_

9. Desired effective date, contract period and desired specific deductible:

\_\_\_\_\_

10. Advisory fee (commission):

\_\_\_\_\_

**APEX**  
Health Solutions SM