Policy: Minimally acceptable data points for Indicative Offers	Policy No: 02-01-02
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Last Review:	

I. Policy: Minimally acceptable data points to start work

II. Purpose and Scope:

a. This policy defines the minimum data point requirements necessary to produce one of the three tiers of output delivered by the Underwriting Department:
   i. Illustrative: Entry-level manual rate output intended for early-stage discussions
   ii. Indication: Advanced, near-bindable rate requiring substantial supporting data
   iii. Proposal: A fully underwritten, bindable offer contingent upon all underwriting requirements being met.

b. Definitions of Underwriting outputs

Output Type	Purpose	Binding Nature	Data Requirements
Illustrative	Demonstrates manual rating methodology and assumptions, with no path to binding	Non-binding	Partial data allowed
Indication	Near-final pricing contingent on a few missing data points	Non-binding, but close	Must meet minimum criteria in Section 3
Proposal	Final, fully underwritten offer	Binding	Full underwriting dataset required

c. This policy applies to all stop loss underwriting output requests and governs the process of reviewing, accepting, and producing outputs based on data completeness.
d. Minimum Data Requirements for Each Output
   i. Details are provided in the matrix in Exhibit A, attached.
e. If at any point, data submitted does not meet the standard required to issue a proposal, as indicated within the "Minimally acceptable underwriting requirements for issuing a proposal; Policy number 02-01-03 , the output will be deemed as Illustrative or Indication.
f. In order of priority:

1) Employee census, to include at minimum

Employee name: expressed as full name or first name & last name, or
Some unique identifier in place of the employee name
Employee gender: expressed as "M" for male or "F" for female. When gender is not identified by either acceptable label, it shall be assumed to be female "F" for all ages
Employee date of birth: expressed as xx/xx/xxxx or any feasible combination allowing for calculation of the age of the employee on the first day of the policy effective date
Employee tier election: expressed as any of the following common labels – Single or employee only, employee + spouse or Employee + one, Employee + children, family
Employee plan election: if the employer currently offers 2 or more plans, the plan the employee elects, plus the election tier is required.

2) Current, enforce carrier premiums (stop loss policy attributes)

Current, enforce Stop Loss policy, or	
	Current specific deductible, &
	Current Aggregating specific deductible, if applicable, &
	Current premiums for specific deductible, &
	Current aggregate factors
	Current aggregate premium

3) Current, enforce carrier premiums (fully insured policy)

Current, enforce group insurance policy, or	
	Current premiums for each tier and each plan

4) Opportunity details, such as

Business name, full address of corporate office
Desired third-party administrator ("TPA")
Desired pharmacy benefit manager ("PBM")
Desired managed care network or reference based repricer
To whom indications will be delivered to, ie, consultant or insured

5) Requested coverage details

Specific deductible level requests, up to 3
Desired renewal date
Policy terms, such as 12/12, 12/15, 12/18 (default)
Policy coverage duration, such as 5 months, 9 months, 12 months (default)
Any special requests of the consultant and/or insured

III. Submission and Routing Procedure

a. All RFPs must be submitted to rfp@completecaptive.com.
   i. Submissions received via other channels must be re-routed to this email.
b. A member of the Underwriting team will review the package to confirm the appropriate underwriting output (Illustration, Indication, Proposal) as chosen in the RFP Questionnaire.

c. If data is insufficient, the underwriter will request additional information and notify the captive strategies representative assigned to the opportunity.
d. Once the data meets the thresholds defined above, Underwriting commences its process to generate the desired output.
    i. File tagging (*internal controls*)
    ii. Folder color coordination
        1. Yellow equals Work has not started
        2. Pink equals Work has started, but not complete
        3. Green equals Work has been completed
    iii. Or direct email (verbal notifications are insufficient)

e. Deliverables shall follow this timeline (unless exceptions are pre-approved):
    i. Illustrative: within 3 business days
    ii. Indication: within 5 business days
    iii. Proposal: within 7–10 business days (post full data receipt)

IV. Oversight and Compliance

a. The Underwriting Committee is responsible for reviewing this policy at least annually. All team members must be trained in data thresholds and triage procedures to ensure consistent classification of outputs.

V. Definitions

a. This section defines key terms used in the underwriting policy to ensure clarity and consistent interpretation across stakeholders.

Term	Definition
Illustrative	A preliminary, non-binding pricing scenario using partial data to demonstrate general rating methodology and assumptions. Used in cases that would otherwise be a DTQ to facilitate discussions or relationships only.
Indication	A near-bindable rate offer relying on substantially complete data but possibly missing minor details. It is non-binding but designed to lead to Proposal.
Proposal	A fully underwritten, bindable offer contingent upon all underwriting criteria being met. Used for contracting and financial commitment.
Employee Census	A structured dataset of covered employees, including demographic and plan election information, required to determine risk and pricing.
Tier Election	Indicates the coverage scope per employee (e.g., Single, Employee+Spouse, Family). Impacts pricing and risk stratification.
Plan Election	Selection of a specific benefit plan by an employee when multiple plans are available from the employer.
TPA (Third Party Administrator)	A service provider responsible for processing claims and managing plan administration.
PBM (Pharmacy Benefit Manager)	A vendor managing prescription drug benefits on behalf of a plan sponsor.
Stop Loss Insurance	Coverage that protects the employer from large claims by reimbursing for claims exceeding a predetermined threshold.
Fully Insured Policy	An insurance arrangement where the insurer assumes all risk and the employer pays a fixed premium.
Specific Deductible	The individual threshold amount the employer must pay before stop-loss coverage applies per member.
Aggregate Factors	The collective claims threshold across all members beyond which aggregate stop-loss insurance kicks in.
Contract Terms (12/12, 12/15, etc.)	Denotes claims incurred/paid windows (e.g., 12/15 means 12 months incurred, 15 months paid).
RFP (Request for Proposal)	A formal submission of underwriting information to obtain stop loss pricing from insurers.

VI. Related Documents and Tools

a. Exhibit A: Underwriting Output Comparison Matrix
b. RFP Questionnaire
c. Proposal Generation SOP

Exhibit A: Underwriting Output Comparison Matrix

Category	Illustration	Indication	Proposal
Purpose	Educational tool to show manual pricing methodology	Near-bindable estimate based on nearly complete data	Binding offer issued by Underwriting
Binding Status	Non-binding	Non-binding (preliminary finalization)	Binding contingent upon acceptance
Use Case	Ballpark rating for an otherwise DTQ case.	Mid-stage, used to drive full proposal engagement	Final stage, used for contracting
Required Census Data	Name, Gender, DOB, Tier (Plan optional), zip	Full employee census with plan elections and dependents (if available)	Complete and accurate census with dependents (if available), plan and tier elections
Current Stop Loss Data or FI Rates	Optional	Required for rating	Required and verified
Incumbent renewal Stop Loss or FI final offer	Optional	Preferred	Required
Requested Deductible	Optional	Required (up to 3 levels)	Required
Contract Duration	Optional (default is 12/18)	Required	Required
TPA / PBM / Network Info	Optional	Preferred	Required
Delivery Timeline	Within 3 business days	Within 5 business days	Within 7–10 business days (post full data receipt)
Output Format	Basic worksheet or summary email	Detailed worksheet with footnotes	Full underwriting proposal with binding terms
Follow-up Expected	None	Encourage additional Data. Drives final data submission for Proposal	Requires review and client decision
Reviewed By	Client Success Manager (initial)	Underwriter (light review)	Underwriter + Management (based on Authority level)

Exhibit B: Stop Loss form in Word, Stop loss in PDF, Stop loss form in fillable format

Request for Stop-Loss Proposal

Fields marked with * are required in order to enable the email button at the end of this form.

Requested Response Date: **Requested Output: ***

○ Illustration ○ Indication ○ Proposal

Check the output your client needs right now. See the reference table below for what each tier requires — medTRANS will confirm which tier the submitted data actually supports.

	Illustration	Indication	Proposal
Nature	Non-binding ballpark	Non-binding, near-final	Binding offer
Census needed	Name, gender, DOB, tier, zip	Full census incl. plan elections	Full census + dependents
Current SL / FI data	Optional	Required for rating	Required & verified
Claims through 9 months	Optional	Preferred	Required
Incumbent renewal	Optional	Preferred	Required
Deductible request	Optional	Required (up to 3 levels)	Required
TPA / PBM / Network	Optional	Preferred	Required
Turnaround	3 business days	5 business days	7–10 business days

DATA SUPPLIER: BROKER / CONSULTANT

Entity Name * Entity Type *

Contact Name * Email / Phone *

Per the medTRANS Outbound Communication and Recipient Protocol, submitting data does not by itself make this entity the Primary Relationship holder or entitle it to receive all future medTRANS/CCMS communications. Recipient status is confirmed by the Client Authorized Representative at each plan-year renewal.

Relationship to Insured * Deliver Output To*

TPA Attestation (if Primary Relationship)

If the Third-Party Administrator is asserting Primary Relationship status, it must be able to resolve, with authority, all health plan claims, policy compliance matters, and administrative actions on behalf of the insured. A TPA unwilling to act in this capacity cannot hold Primary Relationship status.

INSURED INFORMATION

Legal Name *

Street Address

City State * Zip *

INSURED PROFILE

Nature of Business SIC

Participating EEs *