



NOTIFICATION OF SALE/RENEWAL FORM

Date: _____ To: _____
 From: _____ Sender's Fax Number: _____
 Sender's Email Address: _____ Notification of: Sale Renewal
 Effective Date: _____ #Lives: _____ Sold Proposal Number: _____
 Group Name: _____ City and State: _____

- 1.) Excess Loss Insurance:
- A.) Specific Deductible: \$ _____ Rx Card: Rx Same As Any Other:
 Aggregating Specific Deductible (if applicable): \$ _____ Limited Increase Plan:
 Specific Rates: EE: \$ _____ E+1: \$ _____ E+Children: \$ _____
 Family: \$ _____ Composite: \$ _____
 Contract Terms: 12/12: 15/12: 24/12: Paid: 12/15: Other: _____
 Name of PPO Utilized: _____
 Direct Precert Company Name: _____
 Large Case Management Company Name: _____
 Commission: _____% Remitting Net: Yes: No:
- B.) Aggregate Coverage: Yes: No: Aggregate Rate (PEPM): \$ _____ Split Funded Aggregate:
 Optional Aggregate Accommodation Option @ _____ PEPM Yes: No:
 Optional Terminal Liability Option @ _____ PEPM Yes: No:
 Contract Terms: 12/12: 15/12: 24/12: Paid: 12/15: Other: _____
 Benefits Covered: Medical: Rx Card: Rx Same As Any Other:
 Dental: Vision: Short Term Disability:
 Factors: EE: \$ _____ E+1: \$ _____ E+Children: \$ _____
 Family: \$ _____ Composite: \$ _____
- C.) Group Life and Accidental Death and Dismemberment: Yes: No:
 Life Schedule Copy Attached Yes: No:
 Rates: \$ _____ per thousand per month life \$ _____ per thousand per month AD&D
 \$ _____ per unit per month Dependent Life
 Commission: _____% Remitting Net: Yes: No:
- D.) Copy of Benefit Plan(s) Sold is attached: Yes: No:

2.) TPA Name: _____ City and State: _____
 Contact Person at TPA: _____ Phone: _____ Email: _____
 Claims Contact at TPA: _____ Phone: _____ Email: _____

3.) Name of Licensed Agent Signing Policy Application(s): _____
 Agent Phone Number: _____ Agent E-mail Address: _____

4.) Licensed Agency, or Agent, to whom commissions are assigned: _____

PLEASE COMPLETE #4 REGARDLESS OF CASE BEING QUOTED NET OF COMMISSIONS

PLEASE FAX/EMAIL IMMEDIATELY TO YOUR MARKETING REPRESENTATIVE