

LIFE AND LONG TERM DISABILITY INSURANCE

The following information is requested for proposal preparation and comparison purposes of a group's existing insurance plan to what is offered through the Stratum Med program.



Please provide an electronic census to include the following information broken down by benefit class.

- Employee/physician name, no., or SSN
- Gender
- Date of Birth
- Date of Hire
- Annual Compensation (for physicians, prior year's W-2)
- Occupation (*Occupations listed for all non-physician staff and specialty/subspecialty for physicians*)
- Current coverage level amounts for Life insurance
- Monthly Benefit coverage for Long Term Disability



Checklist of items to be sent to Trent Kramer at Stratum Med:

- Plan Booklets for all Classes of Coverage for Long Term Disability
- Plan Booklets for all Classes of Coverage for Basic Life Insurance
- Plan Booklets for any Supplemental or Voluntary Life Insurance Program
- Premium History for the past three years for Long Term Disability Insurance
- Premium History for the past three years for Life Insurance
- Claims History for the past 3 -5 years for Long Term Disability Insurance (*to include open & closed claims with the loss run report*)
- Claims History for the past 3-5 years for Life Insurance (*to include those on waiver of premium*)
- Rate History for the past three years
- Census provided in electronic format

Benefit	Percentage Paid by Employer	Percentage Paid by Employee	Number of Participants in plan
Long Term Disability			
Life Insurance			
Supplemental Life Insurance			