CLAIMS RATED GROUP PRIVATE MEDICAL INSURANCE

QUOTATION SPECIFICATION

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| --- | --- |
| **Scheme name** |  |
| **Address** |  |
| **Postcode** |  |

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| --- | --- | --- | --- |
| **Nature of business** |  | **Members’ Location** |  |
| **No of principal members** |  | **Current Insurer**  |  |
| **Current Product Name/Contract style** |  | **How long with current Insurer** |  |
| **Scheme eligibility (All Staff, Managers only etc)** |  | **Are Retirees included** | Yes/No |
| **Subsidy/Funding Basis for Employees** |  | **Subsidy/Funding Basis for Retirees** |  |
| **Subsidy/Funding Basis for Dependants** |  | **Subsidy/Funding Basis for Retirees’ Dependants** |  |
| **Holding Broker** | Yes/No | **Commission** |  |

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| --- | --- |
| **Current Benefit Basis** | **Renewal Membership & Weightings\*** |
| **Renewal Date** |  | **Single** |  |  |
| **Premium Payment Frequency (Annual etc)** |  | **Couple** |  |  |
| **Underwriting e.g., MHD, FMU, 2yr Mori (If currently on Mori, please specify Mori type)** |  | **Family** |  |  |
| **Excess** |  | **Single Parent Family** |  |  |
| **Out-patient Benefit** |  | **Single 65+** |  |  |
| **Mental Health e.g., 28 days,45 days,90 days** |  | **Couple 65+** |  |  |
| **Mental Health Outpatient Benefit**  |  | Family 65+ |  |  |
| **Cancer Cover e.g., Ful Refund, 1yr standard, 3yr standard** |  | Single Parent Family 65+ |  |  |
| **Benefit Shortfalls** |  | TOTAL |  |
| **NHS Cash Benefit (night) e.g., £50, £100, £150** |  |  |  |
| **NHS Cancer Cash Benefit (day)** |  | RENEWAL PREMIUM |  |
| **Maternity cash benefit** |  | \*For multiple categories, please provide membership breakdown and weightings for each category separately |
| **Hospital Scale (if applicable)** |  |
| **Self referral pathways** |  |  |  |
| **Cover for unmarried Children** |  |  |  |
| **Overseas cover** |  |  |  |
| **Gender confirmation benefit** |  |  |  |
| **Virtual GP benefit (Please confirm whether this is included within the PMI or a separate cover)** |  |  |  |
| **Scheme/Claims History****Current Year claims based on \*\*\* months** |  |
|  | **Current Year - 2** | **Current Year - 1** | **Current Year** |
| **Year (please specify contract dates)** |  |  |  |
| **Principal Membership (Average)** |  |  |  |
| **Contract Length** |  |  |  |
| **Annual Premiums Paid (inc IPT)** |  |  |  |
| **Value of Claims incurred** |  |  |  |
| **Number of months** |  |  |  |
| **Insurer** |  |  |  |
| **High Claimants please insert all claims over 10K** |
| **Year (please specify contract dates)** | **Condition** | **Amount** | **Status – ongoing or complete** |
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Please indicate if reoccurring claimant in consecutive years with (A), (B) etc

**Please provide:**

* Confirmation of any changes in benefit design/underwriting/renewal dates within the last 3 years
* Confirmation of any significant changes (i.e. 10% and above) in membership within the last 3 years or any known future changes that will impact the membership. Please provide reason for the change (i.e. acquisition, mergers, redundancies, change on eligibility etc), and date of change.
* For groups with more than 1 category, please confirm any premium differential per category, so that we can replicate it.
* 24 months paid claims data broken down by month per amount
* Hospital Usage summary
* Membership list including Date of birth, Location/Postcodes, and family status (no names or addresses for GDPR purposes)

Should you require information relating to our menopause, early parenthood and fertility benefit we would require you help with the following information:

* Total number of employees in the UK (in scope):
* Of those employees:
	+ How many are women aged 45-55?
	+ How many maternity leaves have there been in the last 12 months?
	+ How many paternity leaves have there been in the last 12 months?