

Respondent's Business Name:

Principal Place of Business (City and State)

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RFP - Pricing Sheet for INDIVIDUAL AND AGGREGATE STOP LOSS INSURANCE

The respondent shall complete the following section, which directly corresponds to the specifications. The contractor shall not make changes to this format.

Product Proposal Pricing:

| Item # | Product Description | Option 1 | Option 2 |
|--|---------------------|------------------|------------------|
| SECTION A- Specific Retention | | \$200,000 | \$225,000 |
| 1 | Contract | 24/12 | 24/12 |
| 2 | Coverages | Medical/RX | Medical/RX |
| 3 | Annual Maximum | Unlimited | Unlimited |
| SECTION B- Specific Rates | | | |
| 4 | Single | | |
| 5 | Family | | |
| 6 | Composite | | |
| SECTION C- Aggregate Rates | | | |
| 7 | Single | | |
| 8 | Family | | |
| 9 | Composite | | |
| SECTION D- Aggregate Factors @ 125% | | | |
| 10 | Single | | |
| 11 | Family | | |
| 12 | Composite | | |
| Total Cost of Products (Annual) | | \$0.00 | \$0.00 |

| | | | |
|---|----------------------------|---------|---------|
| SECTION E- RATE GUARANTEE (YES/NO) | | | |
| 13 | Rate Guarantee Time Period | From/To | From/To |

| | | | | | |
|--------------------------|----------|------------------------------|----|----------|------------------------------|
| SECTION F- LASERS | | | | | |
| | Members: | Individual Stop Loss Amount: | | Members: | Individual Stop Loss Amount: |
| 14 | | | 17 | | |
| 15 | | | 18 | | |
| 16 | | | 19 | | |
| | | | | | |

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