



**Indication Worksheet**

With the information provided below, we will provide you a client specific indication. The indication is not an offer to provide insurance or to participate in a captive. Once an employer understands the concept and makes a decision to move forward, we will provide a formal proposal.

Name of Employer:

Industry:

No Yes

Broker of Record?

Natural Renewal Date:

Proposed Effective Date:

Total Number of Enrolled Employees:

Enrollment By Tier:

Employee Only:

Employee & Spouse:

Employee & Child(ren):

Family:

Total Number of Eligible Employees:

Total Number of Employees Expected to be Eligible after 1/1/2015:

If Employer Offers HDHP, Percent of Employees Enrolled:

Current (Annualized) Premium (health and RX, expressed in total dollars):

Expected (Annualized) Renewal Premium, if no plan changes (health and RX, expressed in total dollars):

Is the Group Community Rated?

Is the Employer aware of any large, ongoing claims?  
(if yes, please provide detail)

Does the employer have \$5m or more in assets (not equity)?

Please check the appropriate box(es) below to indicate what claims information is, or will be available:

	As Of Last Renewal	Interim	At Next Renewal
<b>Paid Claims</b>			
<b>Large Claims</b>			
<b>No Data Available</b>			

Please email completed forms to [wenke@paretocaptive.com](mailto:wenke@paretocaptive.com). The turn-around time to produce an indication is 1-2 weeks.