



PARETO
CAPTIVE SERVICES

Broker Background Information

Name of Firm:

Address:

Relationship Contact

Name:

Title:

Email:

Phone:

Legal Contact

Name:

Title:

Email:

Phone:

E&O Insurance

Carrier:

Limit:

Is your firm interested in:

Heterogeneous captive program:

Homogeneous captive program:

Both:

How many producers do you expect to have trained in this product:

Do you have your own enrollment system, and if so, which:

Is your firm comfortable assisting employers in choosing an appropriate TPA/ASO:

Name of your preferred TPA/ASO for accounts in your area for employers with 100-500 employees:

What wellness and population health management firms do you promote to your clients:

Is your firm comfortable designing plans to encourage healthier behavior by employees (e.g. incentives to not smoke):

Is your firm qualified to assist employers with plan design, including creating incentives/disincentives for things like smoking and health risk assessments:

What do you consider to be the first five changes a fully-insured employer should make when moving to a partially self-funded plan (e.g. incentivizing employees to complete Health Risk Assessments with biometric screens, eliminating certain state mandated coverage, etc.) in order to reduce claims:

- 1)
- 2)
- 3)
- 4)
- 5)

Please provide the following information on your FULLY-INSURED accounts:

<u>Employer Size</u>	<u>Number of Clients</u>
0-50	
50-250	
250+	

Please list the top 3 fully-insured carriers:

- 1)
- 2)
- 3)

Please provide the following information on your SELF-INSURED accounts:

<u>Employer Size</u>	<u>Number of Clients</u>
<100	
100-500	
500+	

Please list the top 3 TPA/ASO vendors on your self-insured accounts:

- 1)
- 2)
- 3)

Please complete this form and return it to:

brokers@paretocaptive.com