

# Excess Loss Notification of Renewal or Amendment (NORA)

<u>Contract Type</u>		
Old	8800 (Trust)	8900 (Non-trust)
New	12000	11000 (RI only)
Renewal	Amendment	Correction
Revision - effective date: _____		
Original state of issue: _____		

## Policyholder Details:

Legal Name of Policyholder: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Policy Period: from \_\_\_\_\_ to \_\_\_\_\_

RGM/GA: \_\_\_\_\_ Policy No.: \_\_\_\_\_

*Complete the following information only if it has changed:*

Policyholder Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TPA: \_\_\_\_\_ TPA No. P0

## Agent Details:

Individual Commission Percentage: \_\_\_\_\_% Aggregate Commission Percentage: \_\_\_\_\_%

*Complete the following information only if it has changed:*

Commissionable Agent: \_\_\_\_\_ Writing No. \_\_\_\_\_

Advanced Commissions: Yes No (if yes, please note RVP approval is required)

If yes, please provide estimated annual premium: Individual \$\_\_\_\_\_ Aggregate \$\_\_\_\_\_

Net Remit: Yes No Agent Appointed? Yes No (if no, please submit paperwork)

## Underwriting Details:

Individual Billed to Manual: \_\_\_\_\_% Aggregate Billed to Manual: \_\_\_\_\_%

Approving Underwriter: \_\_\_\_\_ Approval Date: \_\_\_\_\_

## Enrollment:

Retirees Covered Under Stop Loss: Agg only Ind only Both No

## Individual Excess Loss Insurance:

Individual Deductible: \$\_\_\_\_\_

Is ELARE applicable? Yes No (a new, signed copy of the ELARE must be submitted for each policy period)

Symetra's Reimbursement Percentage: (if anything other than 100%, please state in Remarks)

Eligible Covered Expenses:

Medical excluding all Prescription Drugs

Medical including Prescription Drugs defined as ONE of the following:

Rx Card and Mail Order Rx Card Only Rx Mail Order Only OR

Rx as part of Medical Plan subject to a Deductible and Coinsurance

Other \_\_\_\_\_

Lifetime Reimbursement Maximum: \_\_\_\_\_

Policy Period Reimbursement Maximum: \_\_\_\_\_

Premium Rates:

Reimbursement Option:

Run-in Period \_\_\_\_\_ months Run-in Limit \$\_\_\_\_\_

Run-out Period \_\_\_\_\_ months Run-out Limit \$\_\_\_\_\_

Terminal Liability Coverage: Yes No If yes, number of months: \_\_\_\_\_

Individual Excess Loss Transplant Provision (applies to 8800/8900 contract): Yes No

If yes, effective date: \_\_\_\_\_

Individual Advantage Deductible \$ \_\_\_\_\_

Individual Advantage Deductible applies towards the Aggregate Attachment Point? Yes No

**Aggregate Excess Loss Insurance:**

Eligible Covered Expenses:

Medical excluding all Prescription Drugs

Medical including Prescription Drugs defined as ONE of the following:

Rx Card and Mail Order Rx Card Only Rx Mail Order Only OR

Rx as part of Medical Plan subject to a Deductible and Coinsurance

Vision

Dental

Short-Term Disability

Other \_\_\_\_\_

Aggregate Reimbursement Maximum per Policy Period: \$ \_\_\_\_\_

Symetra's Reimbursement Percentage: (If anything other than 100%, please state in Remarks)

Monthly Aggregate Accommodation: Yes No If yes, premium rate: \_\_\_\_\_

Reimbursement Option:

Run-in Period \_\_\_\_\_ months Run-in Limit \$ \_\_\_\_\_

Run-out Period \_\_\_\_\_ months Run-out Limit \$ \_\_\_\_\_

Minimum Aggregate Attachment Point:

\_\_\_\_\_ % of the first Monthly Aggregate Attachment Point x \_\_\_\_; or

\$ \_\_\_\_\_

Sold Aggregate Factors:

Corridor (Margin): \_\_\_\_\_ %

Terminal Liability Coverage (TLO): Yes No If yes, number of months: \_\_\_\_\_

TLO Factors:

Aggregate Premium Rate:

(do not include Monthly Aggregate Accommodation Premium)

Net Claim Limit (only required for Aggregate only cases):

**Medical Conversion:**

Medical Conversion Privilege: Yes No If yes, premium rate PEPM: \_\_\_\_\_

**Associated Companies:** (list changes only)

Legal Name	Effective Date	Termination Date
_____	_____	_____

**Remarks:** (all other underwriting and plan policy terms not captured above should be noted below)

\_\_\_\_\_

Include No Laser at Renewal language? Yes No

**Product Credit:** Individual (221) \_\_\_\_\_ Aggregate (220) \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_