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RENEWAL SOLD CASE CHECKLIST

Account Name:		Effective Date:	
All materials should reach our office within 30 days after the effective date.			
<input type="checkbox"/>	Deposit Premium including Premium Report:		
<input type="checkbox"/>	<p>Acceptance Form (signed and dated):</p> <p>IMPORTANT: We must receive a signed and dated Acceptance Form 30 days prior to the renewal date. We will assume the premium to fall in your normal accounting cycle, but will accept it no later than the 30th day following the renewal date.</p> <p>If Acceptance Form is not received 30 DAYS PRIOR to the renewal date, or the premium is not received by 30 days after the renewal date, the following information will be required and original terms are subject to change:</p> <ol style="list-style-type: none"> 1. Complete aggregate report with claims paid through date of Acceptance Form receipt, 50% report, any known or potential ongoing medical conditions, precertification report, and pending/denied claims reports. 2. Claims disclosure statement: 		
<input type="checkbox"/>	Application (signed and dated):		
<input type="checkbox"/>	Aggregated Specific:	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/>	Aggregate Accommodation:	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/>	Terminal Liability Option:	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/>	Additional Requests made by the Underwriter on the Proposal:		