ACEC LIFE/HEALTH TRUST
MEMBER FIRM GROUP APPLICATION FOR EXCESS STOP LOSS

ACEC LIFE/HEALTH TRUST *Advantage* PLAN

EMPLOYER INFORMATION

Employer Name _____ Requested Effective Date _____

☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other Years in Business _____

Employer Tax ID# _____ Email _____

Address _____

Mailing Address (if different) _____

Contact _____ Title _____ Phone Number _____

Fax Number _____

Nature of Business Engineering Company – SIC 8711

Current Health Benefits Administrator _____ Account # _____

Please indicate the Health Benefits Administrators and Stop Loss carrier(s) you have had the past five (5) years

Stop Loss Carrier _____ List Coverage Dates (From-To) _____

Stop Loss Carrier _____ List Coverage Dates (From-To) _____

ADDITIONAL INFORMATION

Total number of employees (including active Partners, Proprietors and Corporate Officers): _____

Number of eligible full time employees working 30 or more hours per week _____ Number of former employees / dependents on COBRA _____

Define your company policy relative to employee eligibility _____

Requested Specific Level _____

Requested Coverage Type (Specific):							
12/12 ☐	12/15 ☐	12/18 ☐	12/24 ☐				
15/12 ☐	18/12 ☐	24/12 ☐					

Requested Coverage Type (Aggregate):							
12/12 ☐	12/15 ☐	12/18 ☐	12/24 ☐				
15/12 ☐	18/12 ☐	24/12 ☐					

PLEASE INCLUDE UNDER SEPARATE COVER

Employee Census
Claims Information
- 3 years of Aggregate Claims History
- Detail of all Claims in excess of $25,000 (include date of onset, diagnosis, current treatment and prognosis)
- Plan of Benefits corresponding to each reported claims year

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Dated: _____ Printed Name: _____

Employer's Legal Business Name: _____

Employer's Signature: _____ Title:: _____

WRITING AGENT (if applicable)

Writing Agent's Name (Printed): _____ Writing Agent's Signature: _____

Writing Agent's Agency Name: _____ Dated: _____

Writing Agent's License State: _____

Writing Agent's License Number: _____

SummitRe
Summit Reinsurance Services, Inc.

Submit Group Application with supporting materials to:
ACEC Life Health Insurance Trust
Advantage Plan
2591 Dallas Parkway, Ste 300
Frisco, TX 75034
Email: sales@aceclifehealthtrust.com