

## medTRANS Captive Health Plan Data Request



### Employer/Plan Level Data:

1. Employer Name
2. Employer primary address
3. Primary Contact Name
4. Primary Contact Phone/Fax
5. Primary Contact email address
6. Benefit Grid(s) or Summaries for all Group Health Plans (SPD are fine)
7. Renewal Date
8. Current and renewal premiums (if known) for each plan used
9. Briefly describe any premium cost sharing between the employer and employee
10. Health Reimbursement Arrangement (HRA) in use?
11. Health Savings Account (HSA) in use?
12. Flexible Spending Account Plan (FSA) in use?
13. Claims Experience if available (For groups over 100 participants)
14. Are you currently using a self-funded plan with a stop-loss?

### Employee Level Data:

1. Plan covered under if there are multiple plans
2. Employee Gender (M or F)
3. Birth Date
4. Home Zip Code
5. Coverage Status (Single, Emp/Spouse, Parent/Child(ren), Family)
6. Active or on COBRA

***Please provide the employee level data in an Excel spreadsheet if possible. This will aid in more rapid completion of the feasibility study and reduce the likelihood of errors.***

***You may also return the information by email with the necessary attachments.***

***Please return the information to:***  
Fronrunner Captive Management  
medTRANS Insurance  
Attn: Phillip Holowka  
303 West Main St  
3rd Floor  
Freehold, NJ 07728  
(724) 612.4995  
[phil@medtransltd.com](mailto:phil@medtransltd.com)