

**M-D Underwriting Services, Inc.**  
**CONTRACT ISSUANCE DATA FORM**

**EMPLOYER** (\_\_\_ Please check if MDU may contact directly)

Name \_\_\_\_\_  
(As it should appear on the Contract)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Name of Employee Benefit Plan \_\_\_\_\_

**Affiliated Companies** (covered under this contract):

Name \_\_\_\_\_  
(As it should appear on the Contract)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

\*\*\*\*\*  
Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

\*\*\*\*\*  
Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

**THIRD PARTY ADMINISTRATOR**

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Claims Contact \_\_\_\_\_ Email \_\_\_\_\_

Premium Contact \_\_\_\_\_ Email \_\_\_\_\_

**BROKER** (\_\_\_ Please check if MDU may contact directly)

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

**AGENT** (\_\_\_ Please check if MDU may contact directly)

Name \_\_\_\_\_ Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

This is agent's \_\_\_ Office \_\_\_ Home Address.

**UTILIZATION REVIEW PROVIDER** ( \_\_\_ Please check if MDU may contact directly)

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

**LARGE CASE MANGEMENT PROVIDER** ( \_\_\_ Please check if MDU may contact directly)

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

**MANAGED CARE NETWORK** ( \_\_\_ Please check if MDU may contact directly)

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

**CONTRACT INFORMATION**

Are Retirees Covered? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Did you purchase Specific Simultaneous Funding? \_\_\_\_\_ Yes \_\_\_\_\_ No Rate: \_\_\_\_\_ *If Yes*  
 Did you purchase an Aggregated Specific? \_\_\_\_\_ Yes \_\_\_\_\_ No Corridor: \_\_\_\_\_  
 Did you purchase Monthly Agg Accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No Rate: \_\_\_\_\_  
 Did you purchase Aggregate Terminal Liability? \_\_\_\_\_ Yes \_\_\_\_\_ No Rate: \_\_\_\_\_  
 Commission \_\_\_\_\_ % Payable to: \_\_\_\_\_

**SOLD QUOTE INFORMATION** (Please Fill Out This Section or Attach a Copy of the MDU 'Sold' Proposal)

**Contract Basis:**

**Benefits Included** (please put a checkmark next to applicable benefit):

**Medical**  **RX**

**Specific Deductible** \$   
**Aggregating Specific Deductible** \$

**Specific Rates:**  
 EE Only \$   
 EE + Spouse \$   
 EE + Child(ren) \$   
 Family \$

**Aggregate Coverage:**

**Contract Basis:**

**Benefits Included** (please put a checkmark next to applicable benefit):

**Medical**  **RX**  **Dental**  **Vision**  **STD**

**Aggregate Factors**  
 EE Only \$   
 EE + Spouse \$   
 EE + Child(ren) \$   
 Family \$

**Aggregate Premium Rate** \$

**Aggregate Accommodation Rate:** \$

**Aggregate Terminal Liability Rate:** \$