



# PRISM Request Form

## General Information

Agency Name		Date Submitted	
Broker Contact Name		Date Needed By	
Broker Email Address		Broker Phone Number	

## Group Information

Group Name			
Effective Date			
Contract Type (i.e. 12/12)			
Specific Deductible			
Aggregating Specific Deductible			
Lasers			
TLO/TRO	Yes	No	

Please also provide the following for each group

- Plan designs or Actuarial Values of plans
- 4 Tier Enrollment by Plan
- 4 Tier Rates for each category
  - Specific premium
  - Aggregate premium
  - Attachment factors
  - Administrative fees
    - ASO fees
    - Network
    - Broker fee or commission percent
    - Other/Miscellaneous monthly fees
- TLO/TRO terms if applicable
- Claims data for at least current year and as many prior years as possible
  - Monthly aggregate reports including enrollment and paid claims
  - High claims report/50% reports for each year that aggregate reports are provided

## SUBMITTING YOUR REQUEST

Please submit all PRISM requests to Stephanie Jiwa at [sjiwa@contributionhealth.com](mailto:sjiwa@contributionhealth.com)

Please allow 5-10 business days for a new PRISM book to be created.

Please allow 3-5 business days if adding a new employer to an existing PRISM book.