



Request for Proposal(s)

Date of submission: _____ Quote(s) need by date: _____ Agency: _____

Producer: _____ Producer phone: _____ Producer email: _____

I Basic Account Information

Legal Name: _____

DBA _____ Form of Business: _____ # of Locations: _____

FEIN #: _____ Total EE's: _____ Part-Time EE's: _____ Eligible EE's: _____

Corporate Address: _____

Phone: _____ Fax: _____ Website: _____

SIC Code: _____ NAICS Code: _____ Payrolls/Year: _____

Description of Operations: _____

II CURRENT Benefit Plan Information

Complete below fields for lines of coverage you wish to be quoted ONLY.

Please include current benefit summaries for lines you wish quoted.

Check Box:

Check Box:

Group Dental: Carrier: _____ Renewal Date: _____

~Does employer contribute at least 50% of the Employee-Only premium?

YES NO

Group Vision: Carrier: _____ Renewal Date: _____

~Does employer contribute at least 50% of the Employee-Only premium?

YES NO

Group Life: Carrier: _____ Renewal Date: _____

~Does employer contribute at least 50% of the Employee-Only premium?

YES NO

Group STD: Carrier: _____ Renewal Date: _____

~Does employer contribute at least 50% of the Employee-Only premium?

YES NO

Group LTD: Carrier: _____ Renewal Date: _____

~Does employer contribute at least 50% of the Employee-Only premium?

YES NO

Other Worksite Benefits currently offered?

III Requested Quotes
Group Dental Quotes Requested

Desired Effective Date of Coverage:
 Insurance Carrier Request

- All Carriers -----
- Delta Dental -----
- AlwaysCare/Unum-----
- Lincoln Financial -----

Plan Specifications

- Quote same as current -----
(Must include current benefit summary)
- 100% Employer-Paid -----
- 100% Voluntary -----
- Employer pays ≥ 50% of EE cost -----
- DHMO Only PPO Only BOTH

Alternate Plan Designs Requested

(Preventative / Basic / Advanced)

- | | <u>EHB</u> | | | <u>EHB</u> | |
|-----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|
| 100/80/80 | <input type="checkbox"/> | <input type="checkbox"/> | 80/80/50 | <input type="checkbox"/> | <input type="checkbox"/> |
| 100/80/50 | <input type="checkbox"/> | <input type="checkbox"/> | 80/50/50 | <input type="checkbox"/> | <input type="checkbox"/> |
| 100/50/50 | <input type="checkbox"/> | <input type="checkbox"/> | 50/50/50 | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="text"/> | | | | |

(Annual Maximums Tiers 1-3)

- Annual Max. Tiers 1-3 \$1,000
- Annual Max. Tiers 1-3 \$1,500
- Annual Max. Tiers 1-3 \$2,000
- Annual Max. Tiers 1-3 OTHER:

(Lifetime Maximums – Orthodontia)

- Lifetime Max. Ortho N/A
- Lifetime Max. Ortho \$1,000
- Lifetime Max. Ortho \$1,500
- Lifetime Max. Ortho OTHER:

Group Vision Quotes Requested

Desired Effective Date of Coverage:
 Insurance Carrier Request

- All Carriers -----
- VSP -----
- Always Care/ Unum-----
- EyeMed -----
- Lincoln Financial -----

Plan Specifications

- Quote same as current -----
(Must include current benefits summary)
- 100% Employer-Paid -----
- 100% Voluntary -----
- Employer pays ≥ 50% of EE cost -----

Alternate Plan Designs Requested

(Exam/Lenses/Frames)

(Copays: Exam/Lenses)

- | Months | | Per Visit | |
|----------|--------------------------|-----------|--------------------------|
| 12/12/12 | <input type="checkbox"/> | \$10/\$10 | <input type="checkbox"/> |
| 12/12/24 | <input type="checkbox"/> | \$10/\$25 | <input type="checkbox"/> |
| 12/24/24 | <input type="checkbox"/> | \$20/\$25 | <input type="checkbox"/> |
| 24/24/24 | <input type="checkbox"/> | \$25/\$25 | <input type="checkbox"/> |
| Other: | <input type="text"/> | Other: | <input type="text"/> |





Group Life Quotes Requested

Desired Effective Date of Coverage:
 Insurance Carrier Request

- All Carriers -----
- Unum -----
- AlwaysCare -----
- Reliance Standard -----
- Lincoln Financial -----

Plan Specifications

- Quote same as current -----
 (Must include current benefits summary)
- 100% Employer-Paid -----
- 100% Voluntary -----
- Employer pays ≥ 50% of EE cost -----

Alternate Plan Designs Requested

- \$10,000 \$50,000
- \$15,000 \$20,000
- 1X Salary 2X Salary

Highest Guaranteed Amount:
 Other:

- Group Voluntary Buy-up:
- Dependent Life:
- AD&D Rider:

Special Requests: _____

Group STD/LTD Quotes Req.

Desired Effective Date of Coverage:
 Insurance Carrier Request

- All Carriers -----
- Unum -----
- AlwaysCare -----
- Reliance Standard -----
- Lincoln Financial -----

Plan Specifications

- Quote same as current -----
 (Must include current benefits summary)
- 100% Employer-Paid -----
- 100% Voluntary -----
- Employer pays ≥ 50% of EE cost -----

Alt. STD Plan Designs Requested

Benefit: (Accident / Illness / Duration)

- 1/8/13 1/8/26 8/8/13 8/8/26

Maximum Weekly Benefit :

\$200 \$300 \$400 \$500 Other:

Alt. LTD Plan Designs Requested

Elimination Period: (Weeks)

- 13 26 Other:

Percentage of Pay

50% 60% 66.67% Other:

Maximum Monthly Benefit:

\$1500 \$2000 \$3000 \$4000 Other:

Coverage Definitions

- Own Occupation:
- Any Occupation:

IV Requested Items

- A. Census (including ALL eligible. Includes wages for D.I. quotes) Attached
- B. Copies of Recent Billing Statements for all quoted lines: Attached
- C. Copies of Benefits Schedules or Employee Benefits Booklets: Attached

NOTES: _____

