



## PROPOSAL REQUEST FORM

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Requested Effective Date of Plan: \_\_\_\_\_

### GROUP STATISTICS & UNDERWRITING INFORMATION

Number of Employees in Firm: \_\_\_\_\_ Prior Group coverage?  Y  N  
 Number of Employees in census: \_\_\_\_\_ Less than one year in business?  Y  N  
 Number of Cobra enrolling: \_\_\_\_\_ Operated from home?  Y  N  
 Pregnancies in group: \_\_\_\_\_ Multi Location?  Y  N  
 Out-of-town employees: \_\_\_\_\_  
 Employer contribution, employees: \_\_\_\_\_ % of employee cost  
 Employer contribution, dependents: \_\_\_\_\_ % of dependent cost  
 If carveout group, what type: \_\_\_\_\_  
 Current carrier: \_\_\_\_\_  
 SIC Code/What type of business: \_\_\_\_\_

### PLAN TYPE

HMO  PPO  Indemnity  Combination

### BENEFITS

Medical  Maternity  Rx Drug Card  Supplemental Accident  Chiropractic Option  
 Other Health Benefits: \_\_\_\_\_

### OPTIONAL BENEFITS

Life  Dependent Life  Dental  Vision  Orthodontia  
 Other Non-Health Benefits: \_\_\_\_\_



**If Quoting One Life**

Sole Proprietor       Individual

Coinsurance	Out-of-Pocket	Deductible	Copay
<input type="checkbox"/> 50%	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$5
<input type="checkbox"/> 60%	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100	<input type="checkbox"/> \$10
<input type="checkbox"/> 70%	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$250	<input type="checkbox"/> \$15
<input type="checkbox"/> 80%	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$20
<input type="checkbox"/> 90%	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$25
<input type="checkbox"/> 100%	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$5,000	
		<input type="checkbox"/> Other:	

**COMPANY CENSUS**

Date of Birth/Age	Sex	Coverage Type	Existing Medical Conditions
1.			
2.			
3.			
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