

COVERAGE REQUIRED

GROUP LIFE:

YES

NO

Basic Life

Accidental Death and Dismemberment NB This benefit is a Rider to the Life Benefit

Total and Permanent Disability NB This benefit is a Rider to the Accidental Death and Dismemberment Benefit (Belize Only)

Long Term Disability Minimum required for this benefit is 25 employees

Critical Illness

BENEFIT FORMULA:

100% Annual Salary

Other: _____

200% Annual Salary

FLAT BENEFIT: \$ 25,000

Other: _____

\$ 50,000

GROUP HEALTH:

YES

NO

COMPREHENSIVE
MAJOR MEDICAL

Deductible

\$ 250.00

\$ 300.00

\$ 500.00

90%

Coinsurance

80%

70%

Other _____

Other _____

DENTAL

ORTHODONTIA

VISION

Minimum required for this benefit is 25 employees

PLEASE NOTE THE HEALTH BENEFITS FOR GROUPS WITH 5 TO 10 EMPLOYEES ARE STANDARD

What are your recommendations for improving the plan?

AGENT/ BROKER)

Name: _____ Telephone No.: _____ Fax: _____

Email: _____

Agent/Broker Signature _____

Date: _____

Are you the Agent of Record for present Plan? YES NO

Has the prospect appointed you the Agent of Record in the event a change in Carrier is made? YES NO

Letter of appointment: Attached Will Follow

BRANCH MANAGER _____

DATE: _____