



REQUEST FOR GROUP PROPOSAL

INSTRUCTIONS:

1. Complete all sections and submit along with Census Information.
2. Attach Claims Experience for last 3 years
3. Attach Current Schedule of Benefits
4. Attach Current Billing (if available)

CLIENT INFORMATION

PROSPECTIVE CLIENT:	NATURE OF BUSINESS:
ADDRESS:	CONTACT/RGTUQP:
BRANCHES / SUBSIDIARIES:	TITLE:
	TELEPHONE #:
	FAX #:
	EMAIL:

Does firm have Existing or Past coverage? YES NO

If YES, name Carrier _____

Effective Date of Existing Plan _____
mm/dd/yyyy

Why is a change in Carrier being considered? _____

When does present plan renew? _____
mm/dd/yyyy

How much does Employer contribute towards the cost of the Plan? _____ %

Does client require a Retiree Division? YES NO

Please list client's current rates "a."	
Is there a rate increase pending?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please complete "b"

BENEFITS	a. CURRENT RATES			b. PENDING RATE CHANGE		
	Single	Emp + 1	Family	Single	Emp + 1	Family
Medical						
Dental						
Vision						
TOTAL						
Life						
AD&D						
Critical Illness						

COVERAGE REQUIRED

Total Number of Employees: _____

Number of Eligible Employees: _____

Number of Ineligible Employees: _____

If Ineligible Employees exist, please elaborate: _____

SMALL GROUP

Major Medical Maximum

CariCARE Neat \$300,000

CariCARE Advantage \$400,000

CariCARE Elite \$500,000

*Include Dental & Vision

*N.B. Dental and Vision coverage is ONLY OPTIONAL for CariCARE Elite.

ALL SMALL GROUP OPTIONS INCLUDE DALIAN

GROUP LIFE & AD&D: YES NO

BENEFIT FORMULA: 200% Annual Salary
300% Annual Salary
400% Annual Salary
500% Annual Salary

FLAT BENEFIT: e.g. \$50,000, \$75,000...up to \$200,000:

LARGE GROUP

Proposed Maximums

Comprehensive Major Medical _____

Dental _____

Vision _____

Recommendations:

Include DALIAN?: YES NO

CRITICAL ILLNESS: YES NO

BENEFIT FORMULA: 100% Annual Salary
200% Annual Salary

FLAT BENEFIT: e.g. \$50,000, \$75,000...up to \$200,000:

AGENT/ BROKER

Name: _____
(IN BLOCK LETTERS)

Telephone No.: _____

Fax: _____

Email: _____

Are you the Agent/Broker on record for this client's existing plan? YES NO

Has this client appointed you the Agent/Broker? YES NO

Letter of appointment: Attached Will Follow within 5 working days

I have read and completed the above information. I certify that all information is accurate to the best of my knowledge. YES

Agent/Broker Signature: _____

AGENT#: _____

DATE: _____

mm/dd/yyyy

BRANCH MANAGER: _____

DATE: _____

mm/dd/yyyy