

REQUEST FOR GROUP PROPOSAL

INSTRUCTIONS: Complete all necessary information and submit along with Census Information.

PROSPECT:			NATURE OF BUSINESS:			
ADDRESS:			CONTACT PERSON	•		
BRANCHES / SUBSIDIARIES:			TITLE: TELEPHONE FAX #: EMAIL:			
Does firm have any international affiliations? If YES, please indicate name of company	YES 🗌	NO 🗆				
# Active Full-time Employees			# To Be Insured			
# Active Full-time Employees with Eligible Depen	dents		# To Be Insured			
# NOT to be Insured						
Reason:						
Employer Contribution Level	Employee		% Dependent	%		
Does firm have Existing coverage? YES	NO	Did firm have	coverage in the past?	YES □ NO □		
If YES, name Carrier						
Effective Date of Plan						
Why is a change in Carrier being considered?						
When does present plan renew?						
Has there been any change in rates in the last thre	e years?		YES	NO		
If YES, what were the rates prior to the change?	LIFE	EMPLOYEE	2 PERSON	<u>FAMILY</u>		
	AD&D MEDICAL DENTAL VISION					
Is there a rate increase pending?	NO 🗌	If Y	ES, what is the amoun	t?%		
PLEASE ATTACH CLAIMS EXPERIENCE FOR	R LAST 3 YE.	ARS AND PRES	SENT BENEFIT SCHI	EDULES		

COVERAGE REQUIRED								
GROUP LIFE:		YES 🗌		NO				
Basic Life								
Accidental Death and D	ismemberment	NB This benefit is	a Rider to the Life	e Benefit				
Total and Permanent D	isability	NB This benefit is Benefit (Belize Onl		cidental Death an	d Dismembe	rment		
Long Term Disability		Minimum required	l for this benefit is	s 25 employees				
Critical Illness								
BENEFIT FORMULA: FLAT BENEFIT:	100% Annual Salary 200% Annual Salary \$ 25,000 \$ 50,000		Other: Other:					
GROUP HEALTH:		YES 🗌		NO 🗌				
COMPREHENSIVE MAJOR MEDICAL	Ded \$ 250.00 □ \$ 300	uctible .00	90%	Coinsu ☐ 80%	rance 70	%		
DENTAL ORTHODONTIA VISION PLEASE NOTE THE H What are your recommo		OR GROUPS WITI	uired for this bene					
Email:)		No.:	1	Fax:			
Agent/Broker Signature			Date	e:				
Are you the Agent of Re	ecord for present Plan?	YES 🗌	NO 🗌					
Has the prospect appoir Letter of appointment:	_	Record in the event a Will Follow	change in Carrie	r is made?	YES 🗌	NO 🗌		
BRANCH MANAGER			DATE	: <u> </u>				