

PROPOSAL REQUEST

COMPANY NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NATURE OF BUSINESS _____

TOTAL NO. OF EMPLOYEES: _____

EMPLOYER PAYS _____% OF EMPLOYEE COSTS; _____% OF DEPENDENTS COSTS

CURRENT CARRIER _____

CURRENT BENEFITS: HMO: _____ PPO: _____

CURRENT RATES: EMPLOYEE _____ EMP/ SPOUSE _____ EMP / CHILD _____

FAMILY _____ DESIRED EFFECTIVE DATE ____ / ____ / ____

OTHER COVERAGE: LIFE AD & D STD LTD DENTAL VOLUNTARY _____

PLEASE LIST ALL EMPLOYEES. IF THEY ARE IN A WAITING PERIOD OR CURRENTLY ON **COBRA**, PLEASE INDICATE.

NAME OF EMPLOYEES	DATE OF BIRTH	SEX	COVERAGE * (See below)	NUMBER OF CHILDREN	RESIDENTIAL ZIP CODE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

* E = EMPLOYEE ONLY; E/S = EMPLOYEE/SPOUSE; E/C = EMPLOYEE/CHILD(REN);
 F = FULL FAMILY); W = WAIVED