



Request for Proposal – Expense Incurred Plan

Date of Request _____ Plans to Quote: _____
Quote Due Date _____

Broker Information

Agent _____
Agency _____
Broker Status [] Current [] New
Expected Commissions _____ %
Email _____ Phone _____

Group Information

Legal Group Name _____
Address _____
City _____ State _____ Zip _____
States of Other Locations _____
Nature of Business _____ SIC Code _____
Approximate # of Eligible Employees _____ Total # of Employees _____
Requested Effective Date _____
Reason for Marketing _____
Does Group have a Current Plan? [] Yes If yes, please complete the following section [] No

Current Plan Information

Name of Current Carrier _____
Name of Prior Carrier _____
Current Anniversary Date _____

The following must be provided with the Request for Proposal form:

- [] Current Plan Certificate(s) If not available, please provide complete benefit sheet
[] Benefit Changes
[] Copy of Current Billing Statement Indicate if self administered, list bill or other
[] Experience Information Premium and Claims, required for groups over 200 enrolled lives or 500 eligible lives
[] Rate History Include current and prior rates, renewal rates if known
[] Census Information (electronic format only) Employee ID, DOB, Gender, Zip

Optional Coverages Requested

- [] Dental Care [] \$50 ded.-\$250 max [] \$50 ded.-\$500 max [] \$50 ded.-\$1,000 max [] \$50 ded.-\$1,500 max
[] \$100 ded.-\$1,000 max [] \$100 ded.-\$1,500 max
[] Vision Care
[] Short Term Disability [] 8/8/26, \$300 max [] 15/15/26, \$300 max
[] Life/AD&D Insurance [] \$5k [] \$10k [] \$15k [] \$20k [] \$25k [] \$30k [] \$35k [] \$40k [] \$45k [] \$50k
[] Critical Illness [] \$5k [] \$10k