

PROPOSAL REQUEST

BROKER INFORMATION

Broker Name: _____

Agency: _____

Address: _____

City: _____, State: _____ ZIP: _____

Phone: _____ Fax: _____

Email Address: _____

BUSINESS/GROUP INFORMATION

Company Name: _____

Company Zip: _____ Company County: _____

Nature of Business: _____ SIC Code: _____

Number of full-time employees: _____ (30+ hours/week) Number of part-time employees _____ (20-29 hours/week)

Percent of cost to be paid by Employer

_____ % of Employee Cost _____ % of Dependent Costs Desired Effective Date: _____

Current Health Plan: _____ Current Premium: _____

Current Plan Type: HMO PPO EPO HSA POS

Are you with a PEO? Yes No

Does your group have Dental coverage? Yes No If yes, number of years: _____

Contribution: _____ % participation _____

Does your group have Vision coverage? Yes No If yes, number of years: _____

Contribution: _____ % participation _____

Does your group have LTD coverage? Yes No If yes, number of years: _____

Contribution: _____ % participation _____

Does your group have Life coverage? _____ Yes No

If yes, what is the Life amount for each employee? _____

CENSUS

Company Name: _____ **Broker Name:** _____

Fill in the columns below. Fields marked with an asterisk (*) are mandatory.

1. Enter the Employee first, then every other family member (spouse and children) to be covered on subsequent lines. The Employee ID should be entered sequentially and the same number should be used for each family member. Each person's Date of Birth is mandatory for quoting.
2. After the full family is entered, the next Employee should be started on the following lines. Do not skip a line between employees.

COVERED MEMBER KEY		
E or 1 = Employee	S or 2 = Spouse/Domestic Partner	D or 3 = Other Dependents

EMPLOYEE ID	COVERED MEMBER CODE*	LAST NAME	FIRST NAME	GENDER (M/F)	DATE OF BIRTH (MM/DD/YYYY)	ZIP CODE EMPLOYEE ONLY	EE ON COBRA? (Y/N)
1	E	Doe	John	M	09/19/1968	90000	N
1	S	Smith	Jane	F	10/07/1969	90000	N
1	D	Doe	Tom	M	12/15/2000	90000	N

* Every person to be covered is rated individually. Rates vary by age and any change in the date of birth of an employee, spouse, or dependent will cause the quoted rates to be different. Any change to the ZIP code and/or number of dependents can also cause the rates to be different.

Fax completed census to the office nearest you:

Orange 701 South Parker, Ste. 8000 Orange, CA 92868 Fax: 714.953.9404	Inland Empire 3633 Inland Empire Blvd., Ste. 525 Ontario, CA 91764 Fax: 714.908.3590	Los Angeles 801 N. Brand Blvd., Ste. 900 Glendale, CA 91203 Fax: 800.355.9711	Northern California 1737 N. First Street, Ste. 680 San Jose, CA 95112 Fax: 800.719.7223	San Diego 3131 Camino Del Rio North, Ste. 820 San Diego, CA 92108 Fax: 619.299.2070	Nevada 7201 West Lake Mead Blvd., Ste. 220 Las Vegas, NV 89128 Fax: 800.700.6744
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