
REQUEST FOR PROPOSAL CHECKLIST

- Company Name _____
- Contact Name _____
- City, State, Zip Code, Phone No. _____
- Nature of Business _____
- Current bill for each Line of Coverage.
- Schedule of Benefits for each Line of Coverage.
- Effective Date of each Coverage.
- Employee Census Data (see Employee Census Form). Please include Employee Resident Zip Codes for all employees.
- Employer Monthly Contribution per Line of Coverage:
EE: _____
DEP: _____

SMALL GROUP ANCILLARY PROPOSAL REQUEST SHEET

LIFE & AD&D

LONG TERM DISABILITY

Current Carrier: _____ Current Carrier: _____

Renewal Date: _____ Renewal Date: _____

Life Schedule: FLAT SALARY

Waiting Period: 90 DAYS 180 DAYS

Life Benefit: _____ Monthly Benefit: _____ % to \$ _____

Current Rate: _____ Renewal Rate: _____ Own Occ Definition:
2 YEARS 5 YEARS TO AGE65

Life: _____ Life: _____ Current Rate: _____ per \$100

AD&D _____ AD&D _____ Renewal Rate: _____ per \$100

DENTAL

Current Carrier: _____ Renewal Date: _____

Deductible: _____ Coinsurance: _____

Single: \$ _____ In Network: _____ % _____ % _____ %

Family \$ _____ Out Network: _____ % _____ % _____ %

Deductible Waived for Preventive Care: YES NO

Annual Plan Max: \$ _____

Orthodontia: or YES NO Lifetime Ortho Max: _____ % to \$ _____

Current/Renewal Rates:

Single: _____ Couple: _____ Parent/Child(ren): _____ Family: _____

Single: _____ Couple: _____ Parent/Child(ren): _____ Family: _____

EMPLOYEE CENSUS INFORMATION

#	Employee Name or Initials	Sex	Date of Birth or Age	Dependent Coverage Information*	Annual Salary@	Job Title ^	Employee Home Zip Code
1.							
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@ Only include if requesting Long Term Disability Coverage or Life Insurance that is a multiple of an employee's salary.

^ Only include if requesting Long Term Disability Coverage.

- * **E=Employee Only**
- ES=Employee & Spouse**
- EC=Employee & Children**
- ESC=Family**

EMPLOYEE CENSUS INFORMATION (CONTINUED)

#	Employee Name or Initials	Sex	Date of Birth or Age	Dependent Coverage Information*	Annual Salary@	Job Title ^	Employee Home Zip Code
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