

# Request for Proposal

Internal Contact \_\_\_\_\_

Effective Date \_\_\_\_\_



Group Information					
Full Legal Name					
Corporate Address	Street Address	City	State	Zip Code	
Type of Group:	Employer (W2)	Employer (1099)	Union	Association (	Groups or Individuals)
Erisa:	Yes	No	Current Medical Plan:	Yes	No
Tax ID#/FEIN:			If Yes, Insurer:		
SIC:			Who is eligible for coverage		
			Waiting Period		
			Number of eligible employees		

Group Contact Information				
Billing Address (if different from corporate)	Street Address	City	State	Zip Code
<b>Main Contact</b>		<b>Billing Eligibility Contact</b>		
Title		Title		
Telephone Number		Telephone Number		
Email Address		Email Address		

Group Contact Information		
Payroll Contact		
or 3rd Party Payroll Name		
Payroll Telephone		
Payroll Email		
Number of Pay Periods	First Date For Deductions	Employer Contribution Amount

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Group ID Card Information				
Mail ID Cards To:	Corporate Address	Regional Address	Employee Address	
Address	Street Address	City	State	Zip Code

Broker Information				
Broker Name				
Address	Street Address	City	State	Zip Code
Email Address	Telephone Number			
Brokers				
		PEPM		%
		PEPM		%
		PEPM		%
		PEPM		%