



GROUP PROPOSAL REQUEST

Date: _____ Date Proposal Needed: _____ State: _____ TDA Rep: _____

Group Name: _____
 Type of Business: _____ Years in Business: _____
 Primary Location: _____ Number of Employees: _____
 Other Location: _____ Number of Employees: _____

ELIGIBILITY, ENROLLMENT, AND CONTRIBUTION DATA

	<u>TOTAL</u>	<u>ELIGIBLE</u>	<u>DESIRING COVERAGE</u>	<u>EMPLOYEE CONTRIBUTION</u>	<u>DEPENDENT CONTRIBUTION</u>
Full Time Employees:	_____	_____	_____	_____	_____

CURRENT PLAN DATA

Carrier: _____ Date Plan Started: _____
 Current Benefit Year: _____ Renewal Effective Date: _____
 Reason For Change/Bid: _____

RATES

	<u>Single</u>	<u>Two Party</u>	<u>Family</u>	<u>Emp/Child</u>	<u>Composite</u>
Current:	_____	_____	_____	_____	_____
Renewal:	_____	_____	_____	_____	_____

BENEFITS

Deductible: (Individual/Family) _____

Preventative: _____ YES _____ NO Annual Maximum: _____

Co-insurance %: Class I _____ Class II _____ Class III _____

Orthodontics: Co-insurance %: _____ Lifetime Maximum: _____

Adults: _____ YES _____ NO

BENEFITS REQUESTED

BENEFITS

Plans requested:

Effective Date: _____ Class III 12-month wait: _____ YES _____ NO

Deductible (Individual/Family) _____ Preventative: _____ YES _____ NO

Annual Maximum: _____

Co-insurance %: "out of network" Class I _____ Class II _____ Class III _____

"in network" Class I _____ Class II _____ Class III _____

Orthodontics: Co-insurance %: _____ Lifetime Maximum: _____

Rate Structure: Adults: _____ YES _____ NO Separately _____ YES _____ NO

Rate Structure: 2Tier _____ 3 Tier _____ 4 Tier (ee/ch/sp/fam) _____ Other _____

Plan: _____

Alternate Proposed Benefits: _____

Dual Choice: _____ YES _____ NO Plan # _____ Rates: _____

BROKER/AGENT DATA

Person requesting quote: Benjamin Rosky Address: 2625 E Greenway Pkwy #213 Phx AZ 85032
 Email: ben@Inaservices.com Broker name: L & A Services, Inc

RETURN QUOTE REQUEST TO: ben@Inaservices.com or fax 602-996-6790
FOR QUESTIONS PLEASE CALL 602-996-6010 x213