

# 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

# Request for Proposal



## 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	%