

Group Proposal Request



Agent: _____

Date: _____

Timeline for group quoting: Please keep in mind group insurance is a longer process than typical ACA sales. We encourage our agents to begin shopping around one month prior to the effective date to allow ample time to obtain the quotes, complete application paperwork and have the carrier process the enrollment.

Contracting information for group insurance: Please be advised that many group carriers require group business to begin contracting. While this is not the case for Aetna, Allstate and BCBS, we do encourage you to be prepared to submit contracting documents prior or during the group's enrollment process.

Please complete this form to your fullest ability in order to receive the most accurate and specialized quote.

Employer Information

Group Name: _____
Key Contact: _____
Type of Industry: _____ SIC Code: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Email: _____

Employer Contribution

Employee: _____ Dependent: _____

Current Group Coverage

Current Carrier: _____ Effective Date: _____ **TYPE**
Renewal Rates: _____ ☐ HMO
Deductible(s): _____ Doctor Co-Pay: _____ ☐ PPO
☐ EPO
☐ POS

COVERAGE

☐ Long-Term Disability ☐ Hospital Indemnity ☐ Health ☐ Vision
☐ Short-Term Disability ☐ Critical Illness ☐ Accident ☐ Dental ☐ Life

Requested Benefits

Requested Effective Date: _____ ☐ Level Funding ☐ Fully Insured
Max Deductible: _____ Max Co-Insurance: _____
Max Out-of-Pocket: _____

MEDAL

☐ Bronze ☐ Gold
☐ Silver ☐ Platinum

TYPE

☐ HMO ☐ EPO
☐ PPO ☐ POS

COVERAGE

☐ Long-Term Disability ☐ Hospital Indemnity ☐ Health ☐ Vision
☐ Short-Term Disability ☐ Critical Illness ☐ Accident ☐ Dental ☐ Life