



REQUEST FOR GROUP PROPOSAL

INSTRUCTIONS:

1. Complete all sections and submit along with Census Information.
2. Attach Claims Experience for last 3 years
3. Attach Current Schedule of Benefits and Current Billing (if applicable)

N.B. Compliance documents (Customer Identity Form - Corporate, copies of Corporate Documents, ID's and other relevant documents) are mandatory upon acceptance of a proposal and with all applications for Caricare Advantage and Elite Plans. No new group health or life business will be effected if these documents are not submitted.

CLIENT INFORMATION

PROSPECTIVE CLIENT:	NATURE OF BUSINESS:
ADDRESS:	CONTACT PERSON:
BRANCHES / SUBSIDIARIES:	TITLE:
	TELEPHONE #:
	FAX #:
	EMAIL:

Does firm have Existing or Past coverage? YES NO

If YES, name Carrier _____

Effective Date of Existing Plan _____
mm/dd/yyyy

Why is a change in Carrier being considered? _____

When does present plan renew? _____
mm/dd/yyyy

How much does Employer contribute towards the cost of the Plan? _____ %

Does client require a Retiree Division? YES NO

Please list client's current rates "a."	
Is there a rate increase pending?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please complete "b"

BENEFITS	a. CURRENT RATES			b. PENDING RATE CHANGE		
	Single	Emp + 1	Family	Single	Emp + 1	Family
Medical						
Dental						
Vision						
TOTAL						
Life						
AD&D						
Critical Illness						

