


# Request for Proposal Form Large Groups (101+ Employees)

Broker Information		Business/Group Information	
Broker Name		Company Name	
Agency Name		DBA	
Telephone	Fax	Effective Date Requested	Proposal Due Date
Address		City/Zip Code	
E-mail Address		Does the group offer cross-border insurance? <input type="checkbox"/> Yes ( <i>please identify in census</i> ) <input type="checkbox"/> No	
Broker License Number		Current carrier(s) ( <i>please attach renewal rates</i> )	
Commission Requested		Medical: _____	
Broker of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dental: _____	
Reason for Shopping: <input type="checkbox"/> Unhappy w/rates <input type="checkbox"/> Unhappy w/benefits <input type="checkbox"/> Market check <input type="checkbox"/> Other: _____		# of Eligible EE's _____ # of Enrolled EE's _____ Eligible employees are permanent, active, full-time employees working a minimum of 30 hours per week. The following classifications are not eligible: Employees working less than 30 hours per week, leased, seasonal, 1099, union, board members, retirees, COBRA participants or surviving spouses.	
How did you hear about us?		Employer medical contribution for <b>employee</b> : _____% OR \$ Employer medical contribution for dependents: _____% OR \$ Employer dental contribution for <b>employee</b> : _____% OR \$ Employer dental contribution for dependents: _____% OR \$	
 <b>GO PAPERLESS!</b>		Thank you for helping MediExcel Health Plan continue its effort in reducing waste and helping our environment. By selecting this option, you will receive all Plan documents via e-mail, including contracts. <b>NOTE:</b> ALL invoices are sent electronically via e-mail.	

Please return completed form with census and current carrier rates attached to: [rpf@mediexcel.com](mailto:rpf@mediexcel.com)