

Request for Proposal Form Small Groups (1-100 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 _____	Nature of Business _____
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>) Medical: _____ Dental: _____
Commission Requested _____	
Broker of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Eligible EE's _____ # of Enrolled EE's _____
Reason for Shopping: <input type="checkbox"/> Unhappy w/rates <input type="checkbox"/> Unhappy w/benefits <input type="checkbox"/> Market check <input type="checkbox"/> Other: _____	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 employee : _____% OR \$ Employer medical contribution for dependents: _____% OR \$ Employer dental contribution for employee : _____% OR \$ Employer dental contribution for dependents: _____% OR \$
<p>MediExcel Health Plan is an environmentally conscious organization that takes great pride in reducing paper waste. By submitting this RFP, you agree and understand that all communication, including contracts, plan documents, notices, announcements, surveys, and/or invoices are sent via email, and as such, a valid and current e-mail address is required.</p>	

Please return completed form with census and current carrier rates attached to: rfp@mediexcel.com