

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 (please identify in census) <input type="checkbox"/> No	
Broker License Number		Current carrier(s) (please attach renewal rates)	
Commission Requested		Medical: _____ Dental: _____	
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 \$	
MediExcel Health Plan continue 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, survey, and/or invoices are sent via email, and as such, a valid and current email address is required.			

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