



**REQUEST FOR PROPOSAL FORM**  
**SMALL GROUPS (1-100 Full-time Equivalent Employees)**  
 Effective Starting For January 1, 2016 Coverage Dates

Broker Information	Business/Group Information
Broker Name	Company Name
Agency Name	DBA
Address	City <span style="float: right;">Zip</span>
City <span style="float: right;">Zip</span>	Effective Date Requested
Phone	Nature of Business
Fax	Current Carrier(s)
Email Address	Has company filed bankruptcy in last 5 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Broker License Number	# of Eligible EE's* <span style="float: right;"># of enrolled EE's</span>
Commission Requested <span style="float: right;">%</span>	<small>*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 employees, seasonal employees, 1099, union, board members, retirees, COBRA participants or surviving spouses.</small>
Broker Of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for shopping:	Employer Contribution For Employee: <span style="float: right;">% or \$</span>
<input type="checkbox"/> happy w/rates <span style="margin-left: 100px;"><input type="checkbox"/> happy w/benefits</span> <input type="checkbox"/> market Check <span style="margin-left: 100px;"><input type="checkbox"/> other</span>	Employer Contribution For Dependents: <span style="float: right;">% or \$</span>
How did you hear about us?	Is the group interested in Dental Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments:	

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



## REQUEST FOR PROPOSAL FORM LARGE GROUPS (101+ Full Time Equivalent Employees)

Effective Starting For January 1, 2016 Coverage Dates

Broker Information		Business/Group Information	
Broker Name		Company Name	
Agency Name		DBA	
Address		City	Zip
City & State	Zip	Effective Date Requested	
Phone		Nature of Business	
Fax		Current Carrier(s)	
Email Address		Does the group currently offer cross-border health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Broker License Number		# of Full time Eligible EE's*	# of enrolled EE's
Commission Requested	%	*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 employees, seasonal employees, 1099, union, board members, retirees, COBRA participants or surviving spouses.	
Broker Of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Group has less than 101 EEs that work full time, but still qualifies as a large group with 101+ FTE, check Yes in block. Broker will need to provide a signed attestation when the master application is submitted certifying that large group size FTE calculation was properly performed. <input type="checkbox"/> Yes	
Any Special Considerations?		Employer Contribution For Employee: _____ % or \$	
Reason for shopping: <input type="checkbox"/> Inhappy w/rates <input type="checkbox"/> Inhappy w/benefits <input type="checkbox"/> Market Check <input type="checkbox"/> Other		Employer Contribution For Dependents: _____ % or \$	
How did you hear about us ?	Is the group interested in Dental Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any large claims over \$25,000 in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Any non-active employees for a reason other than vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Any Cal-Cobra/Cobra beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If so, how many? _____	

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