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Email to: Georgiaquotes@BenefitMall.com

Date: _____ Broker: _____

New Business: Yes No Renewal: Yes No Re-quote: Yes No

Request for Proposal

Please complete The Information and check the appropriate answers to have your quote request processed

Prospect Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Sic Code: _____

Requested Eff. Date: _____ Current Carrier: _____ ATNE on Payroll _____

Employer Contribution: Flat amount _____ Percentage _____ % Employee Pay Frequency _____

Requested Plan Type: <input type="checkbox"/> HMO <input type="checkbox"/> POS <input type="checkbox"/> PPO <input type="checkbox"/> HDHP Ancillary: <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> LTD <input type="checkbox"/> STD <input type="checkbox"/> Vision

Medical Carriers Requested: <input type="checkbox"/> Aetna <input type="checkbox"/> BCBSGA <input type="checkbox"/> Cigna <input type="checkbox"/> Coventry <input type="checkbox"/> Humana <input type="checkbox"/> Kaiser <input type="checkbox"/> UHC

Market Favorites: Yes No or select plan specific's below:

Deductible: \$0 \$500 \$1000 \$1500 \$2000 \$2500 \$3000 \$3500 \$4000 \$5000 \$6,350

PC OV Co-Pay: \$25 \$30 \$35 \$40 \$45 \$50 \$55

Max OOP: \$6350

Co-Insurance: 100% 90% 80% 70% 60% 50% **RX Deductible:** Yes No Both

Ancillary Carriers: <input type="checkbox"/> Aetna <input type="checkbox"/> AIG <input type="checkbox"/> Ameritas <input type="checkbox"/> Avesis <input type="checkbox"/> Delta Dental <input type="checkbox"/> GGL <input type="checkbox"/> Hartford <input type="checkbox"/> Humana <input type="checkbox"/> MetLife <input type="checkbox"/> Principal <input type="checkbox"/> UHC

Life Amount: \$15,000 \$25,000 \$50,000 Other Amount _____ _____ X Salary

Dental Benefits: Deductible: _____ Basic: _____ Major: _____ Ortho: Yes No

Max Annual Benefit: _____ Voluntary: Yes No

STD/LTD: Elimination Period: _____ Benefit %: _____ Max Monthly Benefit: _____ Own Occ: Yes No

For help with your quote request, please contact:
Greg Browne at (770) 776-4936, Greg.Browne@benefitmall.com

Or

Tyler Williams at (770) 776-4923, Tyler.Williams@benefitmall.com

Thank you for your Business!