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REQUEST FOR PROPOSAL

Please fully complete the following information. Processing will be delayed if information is incomplete.

PRODUCER/BROKER & AGENCY INFORMATION

Producer's Name: Agency Name:
Phone Number: Address:
Fax Number: City, State, Zip:
Email Address: Broker of Record: Yes No

COMPANY/EMPLOYER INFORMATION

Company Name: Total Employees:
Headquarters Location: Eligible Employees:
Address: Participating Employees:
City, State, Zip: Out of Area Employees:
Phone: Fax: Location(s):
Contact Name: COBRA Participants:
Nature of Business (NAICS Code): Termination Dates:
Current Carrier: How Long: Employer Contribution%:
Requested Effective Date:
New Hire Waiting Period: Employee Dependent(s)

CURRENT RATES Employee: \$ Spouse: \$ Child(ren): \$ Family: \$

RENEWAL RATES Employee: \$ Spouse: \$ Child(ren): \$ Family: \$

LIFE INSURANCE Life Amount: Life Rate: AD&D:

Comments:

MEDICAL QUESTIONS - ALL QUESTIONS MUST BE ANSWERED

If your group has 26-99 AHP eligible employees, please complete the following questions to the best of your knowledge when requesting a quote for new group coverage.

If your group has 2-25 AHP eligible employees, you may provide us with Individual Risk Evaluation Forms (IREFs) for each employee at the time of your Request for Proposal.

Are you aware of any employee, dependent, or COBRA employee who:

- 1. Is currently disabled? Yes No
2. Incurred expenses of \$5,000 or more in the last 18 months? Yes No
3. Has been advised that necessary surgery or hospitalization is required (including pregnancy)? Yes No
4. Has had an organ transplant such as kidney, liver, heart, or lung? Yes No
5. Is currently being treated or diagnosed as having cancer, heart/lung disease, high blood pressure, diabetes, muscular skeletal condition? Yes No
6. Is currently taking medication? Yes No
7. Has been diagnosed or is being treated for any other known medical condition? Yes No
8. Has any other known medical conditions? Yes No

If yes to any of the questions above, please explain:

Reason for Bid: