

**REQUEST FOR PROPOSAL**

**FAX TO : 209-524-6846**

**COMPANY INFORMATION**

Group Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Current Carrier \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

Current RAF \_\_\_\_\_

Current Premium \_\_\_\_\_

**EMPLOYEE CENSUS**

	Employee Name	Gender	Age	Coverage*	# of children		Employee Name	Gender	Age	Coverage*	# of children
1						26					
2						27					
3						28					
4						29					
5						30					
6						31					
7						32					
8						33					
9						34					
10						35					
11						36					
12						37					
13						38					
14						39					
15						40					
16						41					
17						42					
18						43					
19						44					
20						45					
21						46					
22						47					
23						48					
24						49					
25						50					

\*Coverage Key: E: Employee ES: Employee + Spouse EC: Employee + Child(ren) ESC: Employee + Family