



Brown & Brown Consulting
Request for Group Proposal
Email or Fax to your Account Manager

Basic Information:

*Agent/Agency:
*Phone:
*Fax:
*Email:
Today's (requested) date:
Return by: (date - allow 2-3 day minimum)
Return via: Fax Email

*Client Name:
Address:
*City, State, Zip Code:
*County:
*Effective Date: Tax ID:
*Industry Type: SIC Code:
*Current Carrier:
*Total Employees: Total Eligible:

* = Required Information

Additional Group Information:

*these are items you can collect which will allow us to better assist you. Large group quotes may require additional information.

Current Carrier Renewal
Current Carrier Invoice
Current Benefit Summary

Do they current have a funding arrangement? YES NO
If yes, how much is funded by employer? < 50% >50%
If no, would they consider funding a portion if it means premium savings on medical? YES NO
Is there a large PT or low paid hourly population? YES NO
If yes, would employer consider a catastrophic plan or mini-Med for those employees? YES NO
Do they currently have a COBRA administrator? YES NO
Would you like us to learn about our COBRA options? YES NO

Benefit Information:

Please mark with an X the carriers, dental carriers and dental plans you wish to see quoted.

Table with 3 columns: Health Care Quotes, Dental Quotes, and Dental Plans. Includes carrier names like Aetna, AmeriHealth, and various dental plan options.

If you need more complex Dental, or for Life, AD&D, STD, and LTD quotes; please let us know so we can refer to you our Ancillary partner.

Medical Plan Details

Circle plan and benefits you want to see quoted. This will help us narrow down carrier options.

The below is a small sampling of available plan designs. We will match to closest available per carrier portfolio.

NOT ALL OPTIONS ARE AVAILABLE WITH ALL CARRIERS

To see H S A or H R A compatible plans please check.

HSA HRA

Plan Type: HMO POS PPO National Access? YES NO
Referrals? YES NO In-Network Deductible/Coinsurance? YES NO

Copays: \$10/20 \$20/40 \$30/50 \$40/50
Hospital copay? YES NO
Rx: \$10/20/35 \$10/30/50 \$10/40/60 \$20/40/60 \$7/50% Rx deductible? YES

In-Network Deductible (if HDHP): 1250 2000 3000 5000
In-Network Coinsurance (if HDHP): 100% 90% 80% 70%

Census Information:

PLEASE USE THE BROWN & BROWN CENSUS FORM

Please be aware: groups that have mixed regions and/or large group can take up to 10 days or longer depending on carrier.