Sam Bond Benefit Group
200 Beach Drive, Suite 9
St. Petersburg, FL 33701
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~Group Benefits~

REQUEST FOR PROPOSAL

Business Name: _____

Address: _____

City: _____ State_____ Zip: _____

Business Phone: _____ Cell: _____ Fax: _____

Owner(s) _____

Nature of Business: _____

In which states do you operate? _____

Group Insurance Coverage Needs: Health_____ Life _____

ST/LTD Disability _____ Dental _____ Vision _____

Flexible Spending _____ Owner Life _____ Other? _____

What is most important about your plan design?

_____

_____

Desired Health Plan design(s)

PPO PLAN _____ HMO PLAN _____ HDHP & HSA_____

Desired Annual Ded Amount $ _____ Max out of pocket not to exceed $ _____

Are any employees currently on COBRA? _____ Yes _____ No

Must have "Doctor _____" in network.

Please provide the following:

1. Average total number of employees _____ in previous calendar year
2. Complete Employee Census (Blank form provided electronically)
3. Renewal from Current Carrier(s)
4. Most recent invoice with employee enrollment listing

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