

Sam Bond Benefit Group

200 Beach Drive, Suite 9
St. Petersburg, FL 33701
Phone: 727.823.2663
Fax: 813.283.0672

RFP GROUP BENEFITS

REQUEST FOR PROPOSAL

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Owner(s): _____

Description of Operations: _____

In which states do you operate? _____

Average total number of employees in previous calendar year _____.

Group Insurance 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 (s): _____" in network.

Please provide the following:

1. List of employees with a rate of pay, job description, date of birth, date of hire, full-time or part-time, current insurance status (a blank census form is provided for this purpose).
2. Most recent group insurance invoice with employee enrollment listing.
3. Group health insurance rates and summary plan descriptions for this year and last year. Additional information may be required.