



Request For Proposal - Small Group

Broker / Agency Name:	
-----------------------	--

Group Information				
Company Name:				
Company City and State:				
Nature of Business / SIC:				
Total # of Eligible Employees:				
Total # of COBRA Employees:				
Effective Date Requested:				
Lines of Coverage Requested:	Medical	Dental	Vision	Life/AD&D

Please provide a copy of the group's current renewal and their most recent invoice for all lines of coverage.

Census: Please provide census data with Age or DOB for EE and their dependents, EE Gender, Dependent Status, Zip Code, Medical Plan Enrollment, and Dental Plan Enrollment.
A template is available at rbgsocal.com

Comments

Please email the RFP form and documents to quotes@rbgsocal.com