GROUP BENEFITS.COM

~ Request for Employee Benefits Proposal ~

Company Name:_____

Address:_____

Total Employees :_____ Main Contact :_____

Email :_____ Phone :_____

**Please check the boxes corresponding to the benefits you would like us to provide quotes for:

[ ] Health Insurance [ ] Retirement Plans [ ] Workers Comp / Liability

[ ] Vision Insurance [ ] Life Insurance [ ] Legal Plans

[ ] Dental Insurance [ ] Disability Insurance [ ] Other: _____

Additional Information or Requests → Please provide any additional information or specific requests regarding the group benefits you are seeking:

_____

_____

_____

***How can we help improve your current benefit offerings ***

[ ] Lower Costs / Premiums [ ] Improved Plan Benefits [ ] Employee Claim Support

[ ] Better Broker Service [ ] Online Enrollment Platform [ ] Educational Workshops for Employees

[ ] Physical Benefits Booklet

We strive to provide accurate quotes and tailored options. Please note that we will require a full dependent-level census to ensure precise and comprehensive proposals tailored to your company's needs. Sample census is below

Last Name	First Name	Home Zip Code	Date of Birth	Gender	Coverage Type	Member Type	Status
Flinstone	Fred	8807	2/22/1973	M	EEFamily	EE	Full Time
Flinstone	Wilma	8807	8/4/1973	F		SP	
Flinstone	Pebbles	8807	3/28/2005	F		CH	
Sample	Amy	7736	5/4/1971	F	Eeonly	EE	Full Time
Johnson	Josh	8735	1/12/1986	M	Eeonly	EE	Part-Time

Please complete this form and return it to Info@OurBenefitPartners.com