

BENEFITS DESIGN GROUP, INC.

PO BOX 370 Onalaska WI 54650 1-800-554-7213 or (608) 781-2159

PROPOSAL REQUEST

Company Name		Date
Company Contact Person		Telephone #
Mailing Address		Fax #
City	State	Zip
Agent Name		# Eligible Employees
Plan Type (check one) Full Flex _____ Premium Only _____		Payroll Frequency: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____

Complete all information, if any information is not applicable, please indicate with N/A.

COVERAGE	EMPLOYEE-PAID PREMIUM (per month)	NUMBER OF EMPLOYEES PARTICIPATING	AMOUNT OF ANNUAL DEDUCTIBLE
Group Medical Premium			
Single Premium	\$ _____	_____	_____
Limited Family Premium	\$ _____	_____	_____
Family Premium	\$ _____	_____	_____
Group Dental Premium			
Single Premium	\$ _____	_____	_____
Limited Family Premium	\$ _____	_____	_____
Family Premium	\$ _____	_____	_____
Group Term Life Insurance*	\$ _____	_____	
Group Disability Premium	\$ _____	_____	

***Employer sponsored Group Term Life Insurance (employees only) maximum \$50,000.**

ESTIMATED SAVINGS FOR A FULL-FLEX PROGRAM ARE BASED UPON
STATISTICAL AVERAGES OF OUR EXISTING PLANS

Submit to Benefits Design Group, Inc.
(608) 781-4576