

Request for Proposal

Please create a proposal for (Choose all that apply):

Flexible Spending Account – Full Service Administration

Flexible Spending Account – Document Only

Premium Only Plan Document

COBRA Administration

Health Reimbursement/Medical Reimbursement Plan Administration – Full Service

Health Reimbursement/Medical Reimbursement Plan Administration – Document Only

Health Savings Account Administration

Name of Group: _____

For Flexible Spending Full Service Administration:

When would administration become effective? _____

Does the Group currently have a plan? Yes No

If Yes, what is the participation: _____

If Yes, do they currently offer the debit card as a form of reimbursement? Yes No

How large is the group? _____

Where is the Group located? _____

For COBRA Administration:

When would administration become effective? _____

How many COBRA eligible benefit plans does the group offer? _____

How many COBRA eligible Employees does the group have? _____

What is the average turnover percentage for the group? _____

For Health Reimbursement/Medical Reimbursement Plan Administration:

When would administration become effective? _____

Does the Group already offer a plan? Yes No

Will this plan allow for a rollover? Yes No

How many (estimation) employees will be covered by the plan? _____

What would be reimbursed via the plan? _____

For Health Savings Account Administration:

When would administration become effective? _____

How many (estimation) employees have a Health Savings Account? _____

Please send completed proposal to:

Name: _____

I am the Agent / Employer / Other

E-mail Address: _____

Phone: _____