

FINANCIAL DESIGNS, INC.

Proposal Request

AIG ALLIED NATL Best Life Boston Mutual Confident Dental Fort Dearborn Life Lafayette MI Dental Security Life

AGENT: _____ PHONE: _____ FAX: _____
 EMAIL: _____ CURRENT AOR? Yes No DATE PRESENTING TO CLIENT: _____
 DATE PROPOSAL NEEDED: _____ SEND PROPOSAL VIA: MAIL FAX EMAIL

GROUP NAME: _____ # ELIGIBLE EMPLOYEES: _____ # PARTICIPATING: _____
 CHOOSE ONE TYPE: NON-CONTRIBUTORY CONTRIBUTORY VOLUNTARY TARGETED EFFECTIVE DATE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 SIC: _____ NATURE OF BUSINESS: _____

IN-FORCE PLAN DESIGN: _____ REQUESTED PLAN DESIGN (IF DIFFERENT): _____
 CURRENT RATES: _____ RENEWAL RATES: _____ COMPETITOR RATES: _____
 DEPENDENT LIFE? Yes No AMOUNT OF COVERAGE: SPOUSE \$ _____ CHILD(REN) \$ _____

IN-FORCE PLAN DESIGN: ___ / ___ / ___ 50% 60% 66 1/3% 70% OTHER: _____ MAX: \$ _____
 CURRENT RATES: _____ RENEWAL RATES: _____ COMPETITOR RATES: _____
 REQUESTED PLAN DESIGN: ___ / ___ / ___ 50% 60% 66 2/3% 70% OTHER: _____ MAX: \$ _____

IN-FORCE PLAN DESIGN: 50% 60% 66 1/3% 70% OTHER: _____ MAX: \$ _____
 ELIMINATION PERIOD: 90 DAY 180 DAY OWN OCC (TO AGE 65): 24 MONTHS 36 MONTHS
 CURRENT RATES: _____ RENEWAL RATES: _____ COMPETITOR RATES: _____
 REQUESTED PLAN DESIGN (IF AVAILABLE): 50% 60% 66 2/3% 70% OTHER: _____ MAX: \$ _____
 ELIMINATION PERIOD: 90 DAY 180 DAY OWN OCC (TO AGE 65): 24 MONTHS 36 MONTHS

IN-FORCE PLAN DESIGN: _____ REQUESTED PLAN DESIGN (IF DIFFERENT): _____
 IN-NETWORK: DEDUCTIBLE _____ OINSURANCE % ___ / ___ / ___ MAX: \$ _____
 OUT-OF-NETWORK: DEDUCTIBLE _____ OINSURANCE % ___ / ___ / ___ MAX: \$ _____
 IN-FORCE RATES: ___ E+SPOUSE _____ E+CHILD _____ FAM _____
 RENEWAL RATES: ___ E+SPOUSE _____ E+CHILD _____ FAM _____
 COMPETITOR RATES: EE _____ E+SPOUSE _____ E+CHILD _____ FAM _____
 ENDODONTICS: TYPE: BASIC MAJOR ORAL SURGERY TYPE: BASIC MAJOR
 PERIODONTICS: TYPE: BASIC MAJOR ORTHODONTICS: _____ % LIFETIME MAX: \$ _____

IN-FORCE PLAN DESIGN: _____ REQUESTED PLAN DESIGN: _____
 IN-NETWORK COPAY OR REIMBURSEMENT %: _____ OUT-OF-NETWORK COPAY OR REIMBURSEMENT %: _____
 IN-FORCE RATES: T ___ E+SPOUSE _____ E+CHILD _____ FAM _____
 RENEWAL RATES: T ___ E+SPOUSE _____ E+CHILD _____ FAM _____
 COMPETITOR RATES: EE _____ E+SPOUSE _____ E+CHILD _____ FAM _____

Fax or Email Request to a Financial Designs Consultant

Larry Gillis, Agent Consultant
 Direct Fax: 248.675.4580
 quotes@financial-designs.com



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Group / Individual Census

Employee Name	Birth Date	M / F	Salary	Salary Paid	Class	Occupation	Family Status*
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			<input type="checkbox"/> Single <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child <input type="checkbox"/> Family
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