

Quote/Proposal Request

Contact Information

Broker or Consultant: _____ Standard Commission: (required on 2-9 lives)
 Sales or Account Executive: _____ Non-Standard Commission: _____
 Indigo Representative: _____ If we have questions, who should we contact? _____
 Send Quote To: _____
 Today's Date: _____ Date Proposal Needed: _____

Group Information

Group Name: _____ Anniv. Date: _____
 Address: _____ Employer Contribution %: _____
 City, State: _____ Zip: _____
 Nature of Business: _____ SIC Code: _____
 Number of Employees: _____ Small Group (2 - 9 eligible employees)
Current Census data indicating date of birth or age and gender and salary (for salary-based plans) must be attached.
(Census information for current BCBSMA groups with 10 - 500 subscribers will be automatically loaded.)

Options (check appropriate boxes)

	GTL	AD&D	DL	STD	LTD	VGTL	VAD&D	VIP	VLTD
Option 1									
Option 2									
Option 3									
Option 4									
Option 5									

Waiver of Premium: Yes No Rate Guarantee: 2 Yr 1 Yr Other _____

Life Insurance (GTL, AD&D, DL)

<input type="checkbox"/> Option or <input type="checkbox"/> Class	Flat Amount	Multiple of Salary	Maximum Amount
1			
2			
3			

Standard Reduction Schedule: (35% reduction at age 65 and 50% reduction at age 70)

Yes Other _____
 AD&D Same as GTL: Yes Other _____
 Dependent Life: \$5,000 \$10,000 None

Short Term Disability (STD)

Class	Flat Amount	% of Salary	Max. Benefit	Accident/Sickness/Duration
1				
2				
3				

% of Salary: 50%, 60%, or 66 2/3%

Accident/Sickness/Duration: 1/8/13, 1/8/26, 8/8/13, 8/8/26, 15/15/13, 15/15/26

(1/4/13, 4/4/13, 1/4/26 & 4/4/26 also available for 10+ lives)

Long Term Disability (LTD)

Class	% of Salary	Max. Benefit**	Elimination Period	Duration
1				
2				
3				

**Based on Underwriting approval

2-9 Employees

% of Salary: 60%

Maximum Benefit: \$4,000, \$5,000, \$6,000

Elimination Period: 90 day, 180 day

Duration: 5 year, Social Security Normal

Retirement Age (SSNRA)

10+ Employees

% of Salary: 50%, 60%, 66 2/3%, Other

Maximum Benefit: Based on Underwriting approval

Elimination Period: 90 day, 180 day, Other

Duration: 2 year, 5 year, Social Security Normal Retirement Age (SSNRA), Other

Pre-existing conditions limitations: 12/6/24, 3/6/12, Other

Own Occupation: _____ Years

Integration: Primary/Family Other _____

Insurance Carrier History (required for in-force rating requests)

Name of Current Carrier: _____

Effective Date with this Carrier*: _____

Current Carrier Rates: Life \$ _____, AD&D \$ _____, Dep. Life \$ _____, STD \$ _____, LTD \$ _____

These Rates Were Effective: _____

*If this date is less than 2 years ago, please provide:

Name of Prior Carrier: _____

Prior Carrier Rates: Life \$ _____, AD&D \$ _____, Dep. Life \$ _____, STD \$ _____, LTD \$ _____

Please Attach a Copy of the Schedule of Benefits for the Current Carrier

For Groups of More than 200 Lives for STD, 300 Lives for LTD, and 500 Lives Life/AD&D Include:

- History of In-Force rates for the last 3 years
- Paid Claims information for the last 3 years (date & amount of benefit paid)
- 3 years Paid Premiums (by month if available)
- Open waiver claims on Life Insurance
- Total number of LTD open claims, including date of birth, date of disability, gender, gross monthly benefit including any offsets, and the total number of closed claims

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