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REQUEST FOR PROPOSAL

Please fully complete the following information. Processing will be delayed if information is incomplete.

PRODUCER/BROKER & AGENCY INFORMATION

Producer's Name: _____ Agency Name: _____
 Phone Number: _____ Address: _____
 Fax Number: _____ City, State, Zip: _____
 Email Address: _____ Broker of Record: Yes No

COMPANY/EMPLOYER INFORMATION

Company Name: _____ Total Employees: _____
 Headquarters Location: _____ Eligible Employees: _____
 Address: _____ Participating Employees: _____
 City, State, Zip: _____ Out of Area Employees: _____
 Phone: _____ Fax: _____ Location(s): _____
 Contact Name: _____ COBRA Participants: _____
 Nature of Business (NAICS Code): _____ Termination Dates: _____
 Current Carrier: _____ How Long: _____ Employer Contribution%: _____
 Requested Effective Date: _____
 New Hire Waiting Period: _____ Employee _____ Dependent(s) _____

CURRENT RATES Employee: \$ _____ Spouse: \$ _____ Child(ren): \$ _____ Family: \$ _____

RENEWAL RATES Employee: \$ _____ Spouse: \$ _____ Child(ren): \$ _____ Family: \$ _____

LIFE INSURANCE Life Amount: _____ Life Rate: _____ AD&D: _____

Comments: _____

MEDICAL QUESTIONS – ALL QUESTIONS MUST BE ANSWERED

If your group has 26-99 AHP eligible employees, please complete the following questions to the best of your knowledge when requesting a quote for new group coverage. This information is necessary to evaluate your group's application by Blue Cross Blue Shield of Arizona (BCBSAZ). In order to protect the individuals involved, do not disclose the name of any employee or dependent.

If your group has 2-25 AHP eligible employees, you may provide us with Individual Risk Evaluation Forms (IREFs) for each employee at the time of your Request for Proposal. Providing BCBSAZ with these forms will enable us to provide you with a more accurate rate.

Are you aware of any employee, dependent, or COBRA employee who:

1. Is currently disabled? Yes No
2. Incurred expenses of \$5,000 or more in the last 18 months? Yes No
3. Has been advised that necessary surgery or hospitalization is required (including pregnancy)? Yes No
4. Has had an organ transplant such as kidney, liver, heart, or lung? Yes No
5. Is currently being treated or diagnosed as having cancer, heart/lung disease, high blood pressure, diabetes, muscular skeletal condition?
Yes No
6. Is currently taking medication? Yes No
7. Has been diagnosed or is being treated for any other known medical condition? Yes No
8. Has any other known medical conditions? Yes No

If yes to any of the questions above, please explain:

Reason for Bid: _____