

Washington Proposal Request: Fully Insured (Large Group 51-99)



Group Name _____ Effective Date _____ Deadline _____

Group Physical Address _____

City _____ State _____ ZIP _____

County _____ Industry/SIC _____

PacificSource Sales Executive _____ Producer _____

Producer Phone _____ Producer Email _____

Products Requested: Fully Insured PSA (FSA, HRA, COBRA)
Vision Other _____

Contract Period (if different than calendar year) _____

If effective date(s) will be off renewal, please explain why _____

Medical Renewal Date _____

Prior Carriers: List insurance carriers for the last 3 years and contract dates _____

Current Plan Details (deductible, copay, coinsurance, and out-of-pocket)

	Carrier/Plan Design:	Carrier/Plan Design:	Carrier/Plan Design:
	_____	_____	_____
Medical/Rx	Attach Summary of Benefits	Attach Summary of Benefits	Attach Summary of Benefits
Vision	Attach Summary of Benefits	Attach Summary of Benefits	Attach Summary of Benefits

Plans to be quoted _____

Producer Commission/Fees: Medical _____

Employer Contribution: Medical EE \$ or % _____ DEP \$ or % _____

Probationary Period _____

Continued on reverse >

	Medical
Total current number of EEs meeting group's eligibility requirements: class, hours, probation period, etc.	
Total Number Waiving	
With Other Group Coverage	
Without Other Group Coverage	
Probationary EEs	
Cobra EEs	
Retirees	
Medicare (Washington)	
Disability (Washington)	
Total Enrolling	

Data & Reports Requirements

Summary of Benefits | Current benefits by line of business and renewal

Rates | Current by product and renewal by product

Completed Census | Please submit a completed census in the format required by PacificSource. The census is available at [PacificSource.com/agents](https://www.pacificsource.com/agents).