Small Group and Level-Funded RFP Form

Agency Information	
Agency Name	Sam Bond Benefit Group, Inc.
Full Physical Address	200 Beach Dr., Suite 9, St. Petersburg, FL 33701
Agency FEIN	27-4509738

Broker Information	
Broker Name	Samantha Bond Richman
E-mail	Samantha@sbrecommend.com
Phone	727.823.2663 office 813.601.1992 cell
FL License Number	A224052
NPN	631386

Group Information	
Company's Legal Name	
Full Physical Address	
County	
SIC/Nature of Business	
FEIN	
Is there common ownership?	
ATNE for previous calendar year	
Total number of Eligible Employees	
Total number of Employees on COBRA	
Waiting Period	
Pay Frequency	

Quoting Details	
Effective Date	
Current Medical Carrier	
Current Ancillary Carrier(s)	
Employer Contribution - Medical	
Employer Contribution - Ancillary	
Broker Comp for Level-Funded (PEPM)	
Calendar / Policy Year	
Lab/Xray Benefit? 100% or Ded+Coins (AllSavers RFP)	
PDL Type? Essential or Advantage (AllSavers RFP)	

***To better serve you, please include plan summaries for current ancillary and medical plans with your RFP submission.**

Additional information may be required to secure underwritten level-funded rates. Please contact your RBG rep for additional guidance.

Requested Products		
☐ Medical	☐ Basic Life	☐ Voluntary/Supplemental Life
☐ Dental	☐ Vision	☐ STD
☐ LTD		

Requested Medical Carriers		
☐ Aetna ACA	☐ Aetna AFA	☐ AllSavers
☐ Cigna (20+ enrolled)	☐ FHCP (RBG ORL)	☐ Florida Blue
☐ Florida Blue Balance Funded	☐ Humana	☐ Humana LFP
☐ UHC		

Requested Ancillary Carriers		
☐ Aetna	☐ Cigna	☐ Florida Blue
☐ Guardian	☐ Humana	☐ MetLife
☐ Principal	☐ UHC	☐ Unum

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Employee Census — **Please list any spouse and/or child(ren) being covered directly beneath the subscriber.

#	Relationship	First Name	Last Name	Gender M/F	DOB	Home Zip Code	Medical	Dental	Vision	Annual Salary	Job Title	Current Medical Plan	Job Class	LTD Y/N	STD Y/N	Voluntary Life Amount	DOH	Cobra Y/N	Reason for Waiving
	*Select from drop-down list						*Select from drop-down list	*Select from drop-down list	*Select from drop-down list	**Required for Disability	**Required for Disability								

Employee Details											
	ZIP CODE* (5-Digits)	**CLASS TYPE**	**FIRST NAME***	**LAST NAME***	**SEX***	**AGE*** Enter Age OR DOB	**DOB*** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**EMPLOYMENT STATUS***	**ANNUAL SALARY**	**OUT OF AREA** OOA information will be ignored for Multi-site groups.
1			Employee	001							
2			Employee	002							
3			Employee	003							
4			Employee	004							
5			Employee	005							
6			Employee	006							
7			Employee	007							
8			Employee	008							
9			Employee	009							
10			Employee	010							
11			Employee	011							
12			Employee	012							
13			Employee	013							
14			Employee	014							
15			Employee	015							
16			Employee	016							
17			Employee	017							
18			Employee	018							
19			Employee	019							
20			Employee	020							
21			Employee	021							
22			Employee	022							
23			Employee	023							
24			Employee	024							
25			Employee	025							
26			Employee	026							
27			Employee	027							
28			Employee	028							
29			Employee	029							
30			Employee	030							
31			Employee	031							
32			Employee	032							
33			Employee	033							
34			Employee	034							
35			Employee	035							
36			Employee	036							
37			Employee	037							
38			Employee	038							
39			Employee	039							
40			Employee	040							
41			Employee	041							
42			Employee	042							
43			Employee	043							
44			Employee	044							
45			Employee	045							
46			Employee	046							
47			Employee	047							
48			Employee	048							
49			Employee	049							

Spouse			Child 1			Child 2			Child 3		
AGE Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**

Child 4			Child 5			Child 6			Child 7		
AGE Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**

Child 8			Child 9			Child 10		
AGE Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**