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	☐ All Savers	☐ 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					

REVISED 07.09.26

**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
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