

SMART INSURED SOLUTIONS LLC,

2727 LBJ Freeway, Ste # 730 Dallas TX 75234 **Submit Request to email**: info@SmartInsured.pro

Fax Number: 888-958-1970

Phone Number: (214) 856-8621

Agent Name:

REQUEST FOR PROPOSAL

Company Name:

Full Company Address:

City, State, and Zip Code:

Effective Date:

Industry/Nature of Business or SIC Code:

Current Carrier:

Notes: (Current plan info including deduct., copay and premium etc.)

List all eligible employees, currently employed or on COBRA/COBRA eligible.

Use the following coverage elections: Employee Only (EO), Employee + Spouse (ES), Employee + Child (EC), Family (EF), No Coverage (N)

Required Fields

	Relationship	First Name	Last Name	Gender	DOB	Age (not	Zip Code	Active or	Tobaco Or	EO/ES/ED/	Hours	Date of	Pre-Existing Medical Condition
	(Employee, Spouse					required if DOB		COBRA	None	EF/N	Worked**	Hire	(if any)
	or Child)					is given)							` ''
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^{*}Required if quoting Life/AD&D, 1xSalary, STD or LTD

^{**} If left blank, we will assume 40 hours for hours worked

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