



# Allied™ Life and Disability Request for Proposal

General Info	Agent Information	Prospect Information		Employee Information
<b>Today's Date:</b> _____ <b>Date Needed:</b> _____ <b>Proposed Effective Date:</b> _____	<b>Agent:</b> _____ <b>Agency Name:</b> _____ <b>Agent#:</b> _____ <b>O/W#:</b> _____ <b>Phone:</b> _____ <b>FAX:</b> _____ <b>E-Mail:</b> _____	<b>Group Name:</b> _____ <b>City:</b> _____ <b>State/Zip:</b> _____ <b>Nature of Business:</b> _____ <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <b>SIC Code:</b> _____	<input type="checkbox"/> All full-time eligible employees; OR <input type="checkbox"/> White Collar <input type="checkbox"/> Gray Collar <input type="checkbox"/> Blue Collar Skilled <input type="checkbox"/> Blue Collar Unskilled <b>Current Coverage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Work Comp in force</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Social Security/State Plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total # of fulltime employees:</b> _____  <b>Are there any EEs in other locations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide zip codes for those employees in the census below.

Life	Short-Term Disability		Long-Term Disability		
<input type="checkbox"/> <b>Fixed Amount</b> Amount \$ _____ (\$10,000 to \$100,000)	<input type="checkbox"/> <b>Fixed Amount/Wk.</b> Amount \$ _____	<b>Benefit Period</b> <input type="checkbox"/> 13 wks* <input type="checkbox"/> 52 wks <input type="checkbox"/> 26 wks*	<input type="checkbox"/> <b>% of Monthly Salary</b> <input type="checkbox"/> 40% <input type="checkbox"/> 55% <input type="checkbox"/> 45% <input type="checkbox"/> 60%* <input type="checkbox"/> 50% <input type="checkbox"/> 66-2/3% Maximum available per month: Groups of 10-99 \$10,000 Groups of 2-9 \$6,000	<b>Elimination Period</b> <input type="checkbox"/> 30 Days <input type="checkbox"/> 150 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 180 Days* <input type="checkbox"/> 90 Days* <input type="checkbox"/> 360 Days <input type="checkbox"/> 120 Days If quoting STD & LTD elimination period must coordinate.	<b>Benefit Period</b> <input type="checkbox"/> 2 year <input type="checkbox"/> 5 year/RBD <input type="checkbox"/> Age 65 <input type="checkbox"/> Social Security Normal Retirement Age*
<input type="checkbox"/> <b>Multiple of Annual Salary</b> <input type="checkbox"/> 1 times <input type="checkbox"/> 2 times <input type="checkbox"/> 1.5 times <input type="checkbox"/> 3 times	<input type="checkbox"/> <b>% of Weekly Salary</b> <input type="checkbox"/> 50% <input type="checkbox"/> 60%* <input type="checkbox"/> 66-2/3% Maximum available per week: Groups 2-9 \$1,000 Groups 10-99 \$1,250 per week	<b>ELIMINATION PERIOD***</b> <input type="checkbox"/> 1/8* <input type="checkbox"/> 8/8* <input type="checkbox"/> 15/15 <input type="checkbox"/> 30/30 ***Days on which benefits begin for Accident/Sickness	<b>Own Occupation Period Definition</b> <input type="checkbox"/> 2 years* <input type="checkbox"/> 5 years <input type="checkbox"/> 3 years <input type="checkbox"/> Age 65 ** ** for groups of 10+ white collar only earning 50,000+		<b>Integration</b> <input type="checkbox"/> Family* <input type="checkbox"/> Primary and Family <input type="checkbox"/> 70% All Sources
<b>Optional Dependent Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent Amount: <input type="checkbox"/> \$10,000 spouse/\$2,000 child	<b>Disability</b> <input type="checkbox"/> Total* <input type="checkbox"/> Partial				
<b>AD&amp;D</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>In force Rate:</b> _____ <b>Renewal Rate:</b> _____ <b>Employer Contrib.:</b> _____%	<b>In force Rate:</b> _____ <b>Renewal Rate:</b> _____ <b>Employer Contrib.:</b> _____%	<b>In force Rate:</b> _____ <b>Renewal Rate:</b> _____ <b>Employer Contrib.:</b> _____%			

\*These options are available for all sized groups of 2 or more, however, they are the only options available for groups of 2-9.

Name	Sex	DOB or Age	Life Coverage <sup>1</sup>	Class <sup>2</sup>	Zip (if differs from employer)	Job Title (for LTD Only)	Salary	Salary Code <sup>3</sup>	Supplemental Life	Supplemental LTD

<sup>1</sup> (I=Individual, S=Self/Spouse, C=Self/Children, F=Family) • <sup>2</sup> Please use separate RFPs for each class (to allow for benefit differences) and provide class descriptions. • <sup>3</sup> (W = Weekly, M = Monthly, Y = Yearly Salary)