

# AGENT REQUEST FOR PROPOSAL



How to submit a proposal request:

1. Fill out agent and client information in its entirety.
2. Select plan(s) you wish quoted and the benefits for each plan selected.
3. Complete census information on reverse for all individuals to be insured.
4. Mail (or fax) completed form to Allied National. For questions, call Allied's Sales Support Team.

**1-888-767-7133**  
**Fax 913-945-4396**  
**E-mail: [sales@alliednational.com](mailto:sales@alliednational.com)**  
**Web: [www.alliednational.com](http://www.alliednational.com)**

**AGENT INFORMATION:**

Agent Name \_\_\_\_\_ Agent # \_\_\_\_\_  
 Agency Name \_\_\_\_\_ Overwrite # \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**CLIENT INFORMATION:**

Name \_\_\_\_\_ SIC: \_\_\_\_\_  
 Nature of Business \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Requested Effective Date \_\_\_\_\_

**BENEFIT INFORMATION:** Check appropriate box for each plan quote desired.

**ADMIN USE ONLY**  
Add Load \_\_\_\_\_

**PPO NETWORK CHOICE** \_\_\_\_\_

<input type="checkbox"/> <b>WELLNESS HORIZONS<sup>®</sup> Major Medical Plans (Groups of 2-50)</b>		
<p style="text-align: center;"><b>Premium Advantage</b></p> <p><b>Annual Office Visits</b>  <input type="checkbox"/> Unlimited      <input type="checkbox"/> 4x limit  <b>In-Network Office Visit Copay<sup>1</sup></b>  <input type="checkbox"/> None      <input type="checkbox"/> \$30      <input type="checkbox"/> \$40  <input type="checkbox"/> \$25      <input type="checkbox"/> \$35  <b>Deductible</b>  <input type="checkbox"/> \$500      <input type="checkbox"/> \$750      <input type="checkbox"/> \$1,000      <input type="checkbox"/> \$1,500  <input type="checkbox"/> \$2,000      <input type="checkbox"/> \$2,500      <input type="checkbox"/> \$3,000      <input type="checkbox"/> \$5,000  <input type="checkbox"/> \$7,500      <input type="checkbox"/> \$10,000  <b>Coinsurance</b>  <input type="checkbox"/> 50%/50%      <input type="checkbox"/> 80%/50%      <input type="checkbox"/> 100%/70%  <b>Out-of-Pocket Maximum</b>  <input type="checkbox"/> \$0/\$3,000      <input type="checkbox"/> \$0/\$6,000  <input type="checkbox"/> \$1,500/\$3,000      <input type="checkbox"/> \$2,000/\$4,000  <input type="checkbox"/> \$2,500/\$5,000      <input type="checkbox"/> \$3,000/\$6,000  <input type="checkbox"/> \$4,000/\$8,000      <input type="checkbox"/> \$5,000/\$10,000</p>	<p style="text-align: center;"><b>No Deductible PPO Plan</b></p> <input type="checkbox"/> Plan 25 <input type="checkbox"/> Plan 40	<p style="text-align: center;"><b>Health Savings Account</b></p> <p><b>Deductible</b>  <input type="checkbox"/> \$1,500      <input type="checkbox"/> \$2,000  <input type="checkbox"/> \$2,500      <input type="checkbox"/> \$3,000  <input type="checkbox"/> \$5,000  <b>Coinsurance and Out-of-Pocket</b>  <input type="checkbox"/> 100%/70% \$0/\$3,000                     \$0/\$6,000  <input type="checkbox"/> 80%/50% \$1,500/\$3,000                     \$2,000/\$4,000                     \$2,500/\$5,000                     \$3,000/\$6,000</p>

<sup>1</sup> Office visit copays do not apply to deductible or out-of-pocket maximums.

**WELLNESS HORIZONS<sup>®</sup> MAJOR MEDICAL PRESCRIPTION DRUG CARD OPTIONS**

**Formulary Plan: (Not available on the HSA Plan)**  
 No Deductible       \$150 Deductible  
 \$1,500 Annual Maximum       Unlimited Maximum

**Deductible Integrated Formulary Plan**  
*\*Not available with the No-Deductible Plan.*

**No Outpatient Prescription Drug Coverage**

**WELLNESS HORIZONS<sup>®</sup> MAJOR MEDICAL ADDITIONAL COVERAGE OPTIONS (Check desired benefit.)**

**OCCUPATIONAL COVERAGE** – owners, partners, and corporate officers NOT covered by Workers Compensation may elect to be covered on a 24-hour basis under this Plan. If elected, all eligible owners, partners, and corporate officers must take this coverage.

**PREGNANCY COVERAGE** – available to groups initially insuring five or more eligible employees (four or more in Ohio) with health coverage. Covered as any other illness.

**\$500 SUPPLEMENTAL ACCIDENT BENEFIT** – pays 100% of charges incurred by an accident up to a \$500 benefit. (Not available with the Wellness Horizons No-Deductible PPO or HSA Qualified Benefit Plans.)

**LIFE EXTRA COVERAGE OPTION** - \$10,000 (minimum amount) to \$50,000 (maximum amount) Other amount \$ \_\_\_\_\_  
 By class (set up classes by job or income)

ALLIED™ COST SAVER (Groups of 2+. Check desired plan.)

**Plan:**  750  1000  1500

**Deductible:**  \$250  \$500

**Pregnancy Coverage** – Available to groups initially insuring five or more eligible employees (four or more in Ohio) with health coverage. Covered as any other illness

**Optional Life** – \$10,000 standard for each employee

**Prescription Drug Options:**

**Generic Only:** •\$15 generic (\$20 generic contraceptive copay) per prescription. \$2,500 maximum benefit per Calendar Year.  
•Brand name drugs provided at Allied's contracted discount.

**Formulary:** •\$150 Deductible 1,500 Annual Maximum

ALLIED™ COST SAVER PLUS MAJOR MEDICAL (Groups of 2-50. Check desired plan.)

**Cost Saver Benefits:**

**Plan:**  750  1000  1500

**Major Medical Benefits:**

**Out-of-Pocket Maximum:**  \$5,000

**Pregnancy Coverage** – Available to groups initially insuring five or more eligible employees (four or more in Ohio) with health coverage. Covered as any other illness.

**Life Extra Coverage** - \$10,000 (minimum amount) to \$50,000 (maximum amount) Other amount \$ \_\_\_\_\_ By class (set up classes by job or income)

**OCCUPATIONAL COVERAGE** – owners, partners, and corporate officers NOT covered by Workers Compensation may elect to be covered on a 24-hour basis under this Plan. If elected, all eligible owners, partners, and corporate officers must take this coverage.

**Prescription Drug Options:**

**Generic Only:** •\$15 generic (\$20 generic contraceptive copay) per prescription. \$2,500 maximum benefit per Calendar Year.  
•Brand name drugs provided at Allied's contracted discount.

**Formulary:**  \$150 Deductible  \$1,500 Annual Maximum  Unlimited Maximum

ALLIED™ LIFE & DISABILITY– (Groups of 2-99. Check desired plan.)

Please contact Allied Sales Support at 1-888-767-7133, for a separate Life/Disability Request for Proposal form.

**Benefits Requested:**  Life/AD&D  STD  LTD

DD Quick Quotes			
I _____	C _____		
S _____	F _____		

ALLIED™ DENTAL DESIGN –(Groups 2-99. Check desired plan.)

**Annual Maximum Benefit:**

\$1,000  \$1,500  \$2,000

**Deductible:**

\$50 Calendar Year  \$75 Calendar Year  \$100 Lifetime

**Takeover**  Yes  No

**Orthodontia:**  Yes  No

**Orthodontia Takeover:**  Yes  No

**Enhanced Option:**  Yes  No

ALLIED™ TEMPORARY HEALTH

**Deductible:**

\$750  \$1,250  \$2,500

CENSUS INFORMATION (If additional space is needed, please use separate sheet and attach to this form.)

Name, Class & Benefit Amount (class & benefit amount for Life/WDI Cases)	DOB/AGE	SEX	Coverage Type I-S-C-F	Number of Children	Spouse's DOB/AGE	Owner, Officer, Partners Y/N	Monthly Salary	STD Weekly Benefit	LTD Flat Benefit Amount	Term Life Benefit Amount
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

**Coverage Type:**

I = Insured  
S = Insured and Spouse  
C = Insured and Children  
F = Insured, Spouse and Children

**Owner, Officer, Partner** – Yes or No answer determines eligibility for Occupational Coverage option under Allied Health Plans.

**Monthly Salary** – Used to determine disability benefits (if applicable).

**STD Weekly Benefit** – For STD Disability income, enter dollar amount (0 to \$1,000 in even \$10) or percentage (40-60%).

**Life Benefit Amount** - \$10,000 to \$300,000 in even \$1,000 increments or a percentage of annual salary (1, 1.5, 2, 3, 4, 5)

**LTD Dollar Amount** – (\$500-\$6,000) in even \$100 increments or percentage (40-66%).

Mail To: Allied National P.O. Box 29189 Shawnee Mission, KS 66201-9189

Phone: 888-767-7133 Local: 913-945-4100 Quote Fax: 913-945-4396 WEB: www.alliednational.com E-mail: sales@alliednational.com