



Issued through:



Request for Proposal The ABACUS Group

Albany: Phone: 800-643-2212 Fax: 229-439-1644
 Knoxville: Phone: 800-653-5242 Fax: 865-539-5011
 E-mail: info@abacusgroupins.com

AGENCY: _____	GROUP NAME: _____
AGENT: _____ # _____	ADDRESS/CITY: _____
STREET: _____	PHONE #: _____ STATE: _____
CITY/ST/ZIP: _____	No. of EMPLOYEES: _____ SIC CODE: _____
PHONE: _____ FAX: _____	INDUSTRY: _____
EMAIL: _____	NOTE: These Industries require Underwriting Approval - CENSUS REQUIRED. STD/LTD/LIFE: Over 999 lives, Labor Unions; Courts; Police & Fire Protection. STD/LTD: Trusts, Employment Agencies/PEO's, Business Associations, Membership Organizations, Government. LIFE: Crops/Livestock, Forestry, Metal/Coal/Oil/Gas/Other Mining/Extraction, Ammunition/Arms, Bus/Rail/Air/Water Transportation, Postal Service, Movies. Supplemental Questionnaire required for 1099's, PEO's, Associations, Unions.
SEND: <input type="checkbox"/> Just Ratesheets <input type="checkbox"/> Emailed <input type="checkbox"/> Date <input type="checkbox"/> Full Proposal <input type="checkbox"/> Faxed <input type="checkbox"/> Needed: _____	
SHOW PREMIUMS: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	

VOLUNTARY SHORT-TERM DISABILITY

PLAN TYPE:	ELIMINATION PERIOD:					
<input type="checkbox"/> PREMIER (65%)	BENEFIT DURATION:	0/7	7/7	0/14	14/14	30/30
<input type="checkbox"/> TRADITIONAL (60%) 30% only in CA, HI, NJ, NY & RI	13 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB COVERAGE:	26 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NON-OCC	52 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 24 HR	104 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRADITIONAL PLAN OPTIONS:*

*Selecting all Traditional Plan Options is the same as selecting the Premier plan.

PORTABILITY: YES NO

FIRST DAY HOSPITAL: YES NO
(Not available for all states or industries)

65% MAXIMUM BENEFIT: YES NO

ISSUE AGE RATE STRUCTURE: YES NO

PLAN OPTIONS: LOWER PRE-EX: 3/12 6/12

PRE-EXISTING BENEFIT: 100% 25%
For up to 4 weeks

Minimum participation: 5 enrolled lives, no percentage requirement (10 in CO, 51 eligible in FL).

Guaranteed Issue: Up to \$700 per week.

Minimum Hours worked per week: 20 hours.

Pre-existing Condition limitation: 12/12 (most states).

VOLUNTARY LONG-TERM DISABILITY

ELIMINATION PERIOD: 90 DAYS 180 DAYS 365 DAYS

BENEFIT DURATION:

2 YEAR Injury / Sickness 5 YEAR Injury / Sickness

3 YEAR Injury / Sickness AGE 65 Injury / Sickness

RATE BASIS: ISSUE AGE ATTAINED AGE

OWN OCCUPATION: 1 YEAR 2 YEAR

PLAN OPTIONS:

PORTABILITY: YES NO

SURVIVOR INCOME BENEFIT: YES NO

ACCIDENTAL DISMEMBERMENT & LOSS OF SIGHT: YES NO

LOWER PRE-EX: 3/12 6/12 12/12

Pre-existing Condition limitation: 12/24 (most states).

Minimum Hours worked per week: 30 hours.

Minimum participation: 2 year plan: 5 enrolled lives. Other plans: Greater of 5 enrolled (10 in CO, 51 eligible in FL) or 25%.

VOLUNTARY GROUP TERM LIFE AND AD&D

CHILD RIDER: \$5,000 \$10,000

AD&D: EMPLOYEE DEPENDENTS

Minimum participation: Greater of 5 enrolled or 20%.

Minimum Hours worked per week: 30 hours.

Guarantee Issue: based on number of eligible lives.



PROTECTION™
SERIES Underwritten by

Madison National
Life Insurance Company
A Member of The IHC Group

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The ABACUS Group

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AGENCY: _____ **GROUP NAME:** _____

AGENT: _____ # _____ **ADDRESS/CITY:** _____

STREET: _____ **PHONE #:** _____ **STATE:** _____

CITY/ST/ZIP: _____ **No. of EMPLOYEES:** _____ **SIC CODE:** _____
(Required in FL)

PHONE: _____ **FAX:** _____ **INDUSTRY:** _____

EMAIL: _____

NOTE: The following Industries require Underwriting Approval:
Associations, Employee Leasing Companies & Professional Employer Organizations (Administrative Staff Only), Trust Funds, Student Health Plans, Multiple Employer Trusts, Multiple Employer Welfare Associations

SEND Just Ratesheets Full Proposal by Date: _____

PROPOSAL: Emailed Faxed by FedEx **SHOW PREMIUMS:** Weekly Bi-Weekly Semi-Monthly Monthly

LIMITED MEDICAL BENEFIT - FIXED INDEMNITY COVERAGE

EMPLOYER CONTRIBUTION: SHOW RATES:

<input type="checkbox"/> 100% EMPLOYER PAID	<input type="checkbox"/> 4-TIER (Employee, Ee/Sp, Ee/Ch, Family)	BENEFIT / PRICE LEVEL:
<input type="checkbox"/> ____% EMPLOYER PAID	<input type="checkbox"/> 3-TIER (Employee, Ee plus 1, Family)	<input type="checkbox"/> 1 (Lo)
<input type="checkbox"/> VOLUNTARY	<input type="checkbox"/> 2-TIER (Employee, Family)	<input type="checkbox"/> 2 (Med)
<input type="checkbox"/> ALL THREE	<input type="checkbox"/> 1-TIER (Composite)	<input type="checkbox"/> 3 (Hi)

Guaranteed Issue: No medical exams or health questions

Participation: Minimum group size of 5 employees, with at least two W-2 employees for Voluntary; 100% participation for Employer Paid; 50% participation for Partial Employer Paid

Eligibility: Full-time, actively at work Employee; Employee's spouse/domestic partner; Employee's dependent children under age 26 (older, if incapable of self-support)

Pre-Existing Condition Limitation: None for all benefits; 12/12 for Disability and Critical Care riders only

Same Premium: Regardless of age, sex, or occupation

Purchased Benefit Paid: Regardless of income, in a lump sum, directly to you, tax-free, in addition to any other benefits

Pregnancy: Pays the same as any Sickness

Not yet available in: CT, ID, KS, MD, MN, ND, NH, NJ, NY, VT or WA

PRE-CONFIGURED PLANS:

<input type="checkbox"/> HOSPITAL PROTECTION	PLAN INCLUDES: First Day Hospital Admission, Daily Hospital Inpatient, Inpatient Surgical, Major Organ Transplant, Doctor's Office Visit, Outpatient Diagnostic X-Ray, Outpatient Diagnostic Advance Studies, Outpatient Surgical, Outpatient Minor Surgical, Accident Expense Rider
<input type="checkbox"/> MEDICAL PROTECTION	First Day Hospital Admission, Daily Hospital Inpatient, Daily Hospital Intensive Care Unit, Misc. Inpatient Hospital Services, Inpatient Surgical, Emergency Room Visit (Illness only), Doctor's Office Visit, Outpatient Diagnostic Lab Test, Outpatient Diagnostic X-Ray, Outpatient Surgical, Outpatient Minor Surgical, Preventive Care
<input type="checkbox"/> ACCIDENT PROTECTION	Accident Expense Rider, Ambulance, Emergency Room Visit (Illness only), Accidental Death and Dismemberment Rider
<input type="checkbox"/> DISABILITY PROTECTION	Disability Income Rider (Employee only), Durable Medical Equipment, Outpatient Prescription Medication
<input type="checkbox"/> CRITICAL CARE PROTECTION	Critical Care Rider, First Day Hospital Admission, Daily Hospital Intensive Care Unit
<input type="checkbox"/> FOUR-IN-ONE PROTECTION	1) Hospital: First Day Hospital Admission, Inpatient Surgical, Outpatient Surgical, Emergency Room Visit (Illness only); 2) Accident: Accident Expense Rider, Disability Income Rider (Employee only); 3) Critical Care: Critical Care Rider; 4) Life Insurance: Term Life Insurance Rider, Accidental Death and Dismemberment Rider.

NOTE: Not all Benefits and Riders are available in all states. Substitutions may be made.

CUSTOM PLAN: LIST THE BENEFITS AND AMOUNTS YOU WOULD LIKE TO SEE INCLUDED IN A LIMITED MEDICAL BENEFIT QUOTE.
If available, include an existing quote or plan you would like to see matched.

Available Benefits not listed above include: Doctor's Visit While Hospital Confined, Inpatient Mental Illness Disorders, Inpatient Substance Use, Inpatient Skilled Nursing Facility, Inpatient Anesthesiology, Outpatient Anesthesiology, Outpatient Venipuncture, and Outpatient Surgery Facility.

Available Riders not listed above include: Vision (Exam, Glasses & Contacts) and Dental (Preventive, Basic, Major & Orthodontics). Riders are only available when at least one Benefit is also elected.

NOTE: Not all Benefits and Riders are available in all states. Available Benefit amounts vary by State, Benefit and other factors.