



Request for Proposal  
**The ABACUS Group**

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**AGENCY:** \_\_\_\_\_ **GROUP NAME:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_ **ADDRESS/CITY:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**CITY/ST/ZIP:** \_\_\_\_\_ **No. of EMPLOYEES:** \_\_\_\_\_ **SIC CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **INDUSTRY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SEND:**  Just Ratesheets  Emailed  Date  
 Full Proposal  Faxed  Needed: \_\_\_\_\_

**SHOW PREMIUMS:**  
 Weekly  Bi-Weekly  Semi-Monthly  Monthly

**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.

**VOLUNTARY SHORT-TERM DISABILITY**

PLAN TYPE:	BENEFIT DURATION:	ELIMINATION PERIOD:				
		0/7	7/7	0/14	14/14	30/30
<input type="checkbox"/> PREMIER (65%)						
<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"/>
	26 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>JOB COVERAGE:</b>	52 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NON-OCC	104 WK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 24 HR						

**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.

<b>AGENCY:</b> _____	<b>GROUP NAME:</b> _____
<b>AGENT:</b> _____ # 14	<b>ADDRESS/CITY:</b> _____
<b>STREET:</b> _____	<b>PHONE #:</b> _____ <b>STATE:</b> _____
<b>CITY/ST/ZIP:</b> _____	<b>No. of EMPLOYEES:</b> _____ <b>SIC CODE:</b> _____ <small>(Required in FL)</small>
<b>PHONE:</b> _____ <b>FAX:</b> _____	<b>INDUSTRY:</b> _____
<b>EMAIL:</b> _____	<b>NOTE:</b> The following Industries require Underwriting Approval: Employee Leasing Companies & Professional Employer Organizations (Administrative Staff Only), Associations, Trust Funds, Student Health Plans, Multiple Employer Trusts, Multiple Employer Welfare Associations
<b>SEND</b> <input type="checkbox"/> Just Ratesheets <input type="checkbox"/> Full Proposal by Date: _____	
<b>PROPOSAL:</b> <input type="checkbox"/> Emailed <input type="checkbox"/> Faxed <input type="checkbox"/> by FedEx	<b>SHOW PREMIUMS:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly

## LIMITED MEDICAL BENEFIT - FIXED INDEMNITY COVERAGE

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

**Guaranteed Issue:** No medical exams or health questions

**Participation:** Minimum group size of 2 W-2 employees; 2 enrolled lives 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, MD, ND, NJ, NY or VT

<b>PRE-CONFIGURED PLANS:</b>	<b>PLAN INCLUDES:</b>
<input type="checkbox"/> <b>HOSPITAL PROTECTION</b>	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"/> <b>MEDICAL PROTECTION</b>	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"/> <b>ACCIDENT PROTECTION</b>	Accident Expense Rider, Ambulance, Emergency Room Visit (Illness only), Accidental Death and Dismemberment Rider
<input type="checkbox"/> <b>DISABILITY PROTECTION</b>	Disability Income Rider (Employee only), Durable Medical Equipment, Outpatient Prescription Medication
<input type="checkbox"/> <b>CRITICAL CARE PROTECTION</b>	Critical Care Rider, First Day Hospital Admission, Daily Hospital Intensive Care Unit
<input type="checkbox"/> <b>FOUR-IN-ONE PROTECTION</b>	1) <b>Hospital:</b> First Day Hospital Admission, Inpatient Surgical, Outpatient Surgical, Emergency Room Visit (Illness only); 2) <b>Accident:</b> Accident Expense Rider, Disability Income Rider (Employee only); 3) <b>Critical Care:</b> Critical Care Rider; 4) <b>Life Insurance:</b> 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.