



SC ONLY

REQUEST FOR PROPOSAL (RFP)

SHADED AREAS MUST BE COMPLETED

Companion Life Insurance Company • P.O. Box 100102 • Columbia, South Carolina 29202-3102

1-800-753-0404

FAX (803)735-0736

Date Date Needed

Group Name

City State ZIP

Nature of Business or SIC Code # of Employees

Requested Effective Date

Current Carrier(s)

Comments or Special Requests

BASIC COMMISSION: STANDARD % FLAT

OVERRIDE: STANDARD % FLAT

CLASS DESCRIPTION - Employees in the classes below are to be quoted for the benefits listed at right.

Employer Contribution Current Rate Renewal Rate

DENTAL

DENTAL (10+) Voluntary Dental

CURRENT RATES

RENEWAL RATES

Employee E+1 E+2 Family rates

Is this Takeover Coverage? Yes No

If Yes, total years with Current Carrier

Claims Experience Attached (Required for Groups of 100+)

Please complete all sections applicable to the coverages for which you are requesting a proposal.

Producer's Name as to Appear on Proposal

Agency Name

Address

City State ZIP

Phone Number

Fax Rates to Attn

Also Fax Rates to Attn

Mail Formal to Producer

LIFE AD&D

FLAT AMOUNT \$ on all Full-time Employees

MULTIPLE OF EARNINGS x Earnings on all Employees to max of \$

CLASS PLAN (List benefits below.)

Employer Contribution Current Rate Renewal Rate

LIFE REDUCTIONS

35% at 65, Terminate at 70 or Retirement (Groups of 2 to 9)

35% at 65, 50% at 70, 75% at 75. Terminate at Retirement (Groups of 10+)

Other

Extended Death Benefit (2-9 Employees)

Waiver of Premium (10+ Employees)

Dependent Life Amount Spouse Child

Life Claims Experience Attached (Groups of 150+)

VOLUNTARY?

Yes No

STD

FLAT AMOUNT \$ / week on all Full-time Employees

PERCENT OF EARNINGS % of Earnings to a max benefit of \$ /week

CLASS PLAN (List benefits below.)

Employer Contribution Current Rate Renewal Rate

SHORT TERM DISABILITY

day(s) accident

days sickness

weeks 1/8/13, or 1/8/26 (Standard)

STD Claims Experience Attached (Groups of 100+)

VOLUNTARY?

Yes No

LTD

PERCENT OF EARNINGS % of Earnings to \$ max monthly benefit on all Full-time Employees (STANDARD)

CLASS PLAN (List benefits below.)

Employer Contribution Current Rate Renewal Rate

ELIMINATION PERIOD

90 Days 180 Days 120 Days Other

BENEFIT INTEGRATION

Primary and Family (Standard)

Primary Only

BENEFIT DURATION

To Age 65 RBD 5 Year 2 Year

OWN OCC DEFINITION

2 Yr. 3 Yr. 5 Yr. To 65

LTD Claims Experience Attached (Groups of 200+)

VOLUNTARY?

Yes No

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건보법에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)
