



## Health Insurance Plan Proposal Request Form

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ # \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Entity (Circle one): C-Corp; S-Corp; Sole Proprietor; Partnership; Public School; Government; Other: \_\_\_\_\_

Employer Fiscal Year End: \_\_\_\_ / \_\_\_\_ Industry/SIC Code: \_\_\_\_ / \_\_\_\_  
MM DD

Current Insurance Carrier: \_\_\_\_\_ Current Annual Insurance Premium: \$ \_\_\_\_\_

Annual Deductible (in/out) \$ \_\_\_\_ / \_\_\_\_ Out-Of-Pocket Max. (in/out) \$ \_\_\_\_ / \_\_\_\_

**Employee Data\***

Employee Name or Number	DOB	DOH	Spouse Coverage	Spouse DOB	No. of Dependents	Residence Zip Code
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		
	- -	- -	Y/N	- -		

\* You may provide us the employee data in an Excel spreadsheet.

Signed By \_\_\_\_\_

Date \_\_\_\_\_

Please fill in your contact information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Return to: PensionBenefits, Inc.  
 700 E. Park Blvd., Suite 108  
 Plano, TX 75074

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