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**15301 W 87th St Pkwy, Suite 275** **Phone: 913-631-0102**

**Lenexa, KS 66219 Fax: 913-631-2792**

 **Email: office@legacybrokerskc.com**

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| **REQUEST FOR PROPOSAL** |

**\*Required Fields For FormFire**

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| **Agent Profile** |
| Name: |   | NPN: |  |
| Phone: |   | Fax: |   |
| Email: |   |
| Address: |   |

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| **Company Profile** |
| \*Name: |  |
| \*Physical Address: |  |
| \*City, State Zip: |  |
| \*County: |   |
| \*Industry (SIC/NAICS): |   | \*Tax ID: |  |
| \*Contact Person: |   |
| \*Phone: |   | Ext: |  | Fax: |  |
| \*Email: |   |
| Date RFP Received: |   |
| \*Proposed Effective Date: |  | Commission Amt Requested: |  |
| Quote Needed By: |   |
| Employer Contribution: | Employee (Medical): |  | Dependent (Medical): |  |
| Waiting Period: |  |
| \*Census: |  Excel File Attached | \*EE Subscribers: |  |

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| **Products Requested** |
|  Fully Insured Medical |  Dental |  Long Term Disability |
|  Self-Funded Medical |  Vision |  Worksite / Voluntary |
|  Life |  Short Term Disability |  |
| **Benefit Levels Requested (Medical)** |
| Deductible: |  | Out-of-Pocket: |  |
| Office Copays: |  | Rx Copays: |  |
| Other: |  |

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| **Current / Renewal Benefits & Rates from Current Carrier** |
|  \*Current Benefits Attached |  \*Current Rates Attached |
|  Renewal Benefits Attached |  Renewal Rates Attached |