



PROPOSAL REQUEST

****In order to receive a proposal, the following is required:**

- Client *must* provide copy of current product plan if product is in place
- Client *must* provide current census
- Client *must* provide a new hire/termed census monthly
- Premiums *must* be settlement deducted

Employer Information

Group Name _____

Physical Address _____

City, State, Zip _____

Contact Name _____ Phone No. _____

Email Address _____

Broker Information

Name _____

Physical Address _____

City, State, Zip _____

Email Address _____ Phone No. _____

How many eligible participants are in this group? _____

What is the pay range of eligible participants? _____

What is the pay cycle? Monthly 52-Weeks 48-Weeks Bi-Weekly

Type of Driver 1099 W-2 Long-Haul Non Long-Haul Other

Products Requested

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> TransChoice Plus | <input type="checkbox"/> Major Medical | <input type="checkbox"/> Accident Select | <input type="checkbox"/> TransLegacy Life |
| <input type="checkbox"/> Dental | <input type="checkbox"/> \$4 myPack | <input type="checkbox"/> Accident Advance | <input type="checkbox"/> Group Term Life |
| <input type="checkbox"/> Vision | <input type="checkbox"/> \$6 myPack | <input type="checkbox"/> 401K(i) | <input type="checkbox"/> Critical Illness |
| <input type="checkbox"/> Short-Term Disability | <input type="checkbox"/> \$8 myPack | <input type="checkbox"/> Cancer | <input type="checkbox"/> Universal Life |

Once Enrollment First receives all required information, a marketing package will be created.

Please allow 48 to 72 hours for proposal.

After client receives marketing package, a conference call will be scheduled with client.