**[PROSPECT] – Due [DATE]**

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| City, State & Zip: |  |
| Total Number of Employees: |  |

|  |  |
| --- | --- |
| Broker Name: |  |
| Address: |  |
| City, State & Zip: |  |

|  |  |
| --- | --- |
| Effective Date: |  |
| Reason for Marketing: |  |

|  |  |
| --- | --- |
| Employer Contribution % (EE/Dep): |  |
| Definition of Benefit Eligibility: |  |
| Include Domestic Partners? |  |

**Please provide a 3 year rate guarantee**

|  |  |
| --- | --- |
| **Dental PPO:** |  |
| Current ASO fee: |  |
| Commission requested: |  |

**Current PPO Plan design**

Plan Deductible (In & Out): See Attached

Deductible Waived for Prev:

Plan Coinsurance (In & Out):

Calendar Year Maximum (In & Out):

Ortho. Lifetime Maximum (In & Out):

**Non-PPO UCR Percentile:**

**Attached, please find the following documents:**

* Census
* Provider report
* Benefit summary and/or EOC