

Group Renewal Preference Form

Agent: Date:	Group Nai	me:						SIC Code:		
MEDICAL There are several different carriers to choose benefits from. Are there specific carriers that you prefer for us to quote? Aetna Aetna BCBSM BCN Cigna HAP Priority Health United Healthcare (Level Funded) Other: Type Of Plan: Medical (please check choices) Co-Pay \$ Co-Pay \$ Out of Pocket Max \$ Type Of Plan: NARROW NETWORK (HAP) FULLY INSURED SELF INSURED LEVEL FUNDED	Contributi	ions:					(Froup Contact:		
MEDICAL There are several different carriers to choose benefits from. Are there specific carriers that you prefer for us to quote? Aetna Aetna Allstate BCBSM BCN Cigna HAP Priority Health United Healthcare (Level Funded) Other: Deductible \$ Co-Pay \$ Out of Pocket Max \$ United Healthcare (Level Funded) Other: Type Of Plan: NARROW NETWORK (HAP) FULLY INSURED SELF INSURED LEVEL FUNDED	Renewal D	Date:			Agent:				Date:	
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FSA Carrier: ABG Basic TASC ISOLVE HEALTH EQUITY NAVIA			NARRO	W NETWORK (H.	AT) TOLET INSORED		OKED	SELF INSUREL		
	FSA Carrie	er:	ABG	Basic	TA	SC	ISOLVE	HEALTH EQU	ITY	NAVIA
HSA Carrier: ABG Basic TASC ISOLVE HEALTH EQUITY NAVIA	HSA Carrier: ABG Basic		TA	SC	ISOLVE	HEALTH EQU	ITY	NAVIA		
DENTAL	DENTAL									
Ameritas BCBSM Beam Delta Guardian	Carriara	Д	meritas	BCBSM	В	eam	Delta	Guardic	n	
Carriers: MetLife MOO Principal Unum Other:	Carners:	N	1etLife	MOO	Pi	rincipal	Unum	n Other:		
Deductible \$50 \$100 \$150	Deductible	е		\$50	\$	100	\$150			
Annual Max \$1,000 \$1,500 \$2,000	Annual Mo	ХC		\$1,000	\$	1,500	\$2,00	0		
Orthodontia Yes No	Orthodontia Yes			N	0					
Orthodontia Lifetime Max \$1,000 \$1,500 \$2,000	Orthodontia Lifetime Max \$1,000			\$	1,500	\$2,00	0			
Rollover Provision Yes No				N	0					
Additional unique benefits offered by dental carrier:										

VISION							
Carriers:	Ameritas	BCBSM	Beam	Heritage	MOO	Principal	VSP
Benefit:	12/12/12	12/12/24	12/24/24	12/12/12/12 (B	eam)		

LIFE						
Carriers:	Ameritas	Beam	Guardian	Hartford	Heritage	MOO
Curriers.	Principal	UNUM	Other:			
Death Benefit:	1x Salary	2x Salary	Flat Amount:	\$		

STD							
Carriers:	Ameritas	Beam	Guardian	Hartford	MOO	Principal	UNUM
Elimination Period:		1 and 8	14 Days	30 Days	60 Days	Other:	
Disability Benefit:		60% to max o	f \$1,000 week	Other:			
Benefit Length:		13 weeks	26 weeks				

LTD								
Carriers:	Ameritas	Beam	Guardian	Hartford	МОО	Principal	UNUM	
Elimination	n Period:	90 Days	180 Days					
Disability Benefit:		60% to Max of	\$5,000 week	Other:				
Executive Plan								

VALUE ADDED BENEFITS							
	МОО	Principal Beacon Health					
Employee Assistance Program (EAP):	Yes	No					
	Basic Package	Premium Package					
Aflac	Yes	No					
Legal Shield	Yes	No					
Long Term Care	Yes	No					
Pet Insurance	Yes	No					
Student Loan Repayment Program (SLRP)	Yes	No					
WellCar Extended Car Warranty	Yes	No					

NOTES:	