

BANKERS HEALTH PLANS

11101 ROOSEVELT BOULEVARD N. ST. PETERSBURG, FLORIDA 33716

ERISA Stop-Loss Plan – Small Group

Request for Proposal

(Less than 51 covered employees)



Bankers
Health
Plans

A subsidiary of Bankers Financial Corporation

A. Employer

Name of Employer _____ Years in Business _____ Number of Employees _____

Address _____ SIC Code _____

City _____ State _____ Zip _____ Due Date _____

Date Requested _____ Effective Date _____

Please list health carriers for the last 5 years, including current and renewal rates for current plan:

B. Eligibility Information

1. Total Number of Eligible Employees at ALL locations (including those not insured under the plan) _____

2. Please list all insureds currently on COBRA _____

3. Are union members covered under this plan? Yes _____ No _____ If Yes, how many _____

4. Are retirees covered under this plan? Yes _____ No _____ If Yes, how many _____

5. Has the employer ever filed for bankruptcy? Yes _____ No _____

6. Employer Contribution? Employee Coverage _____% Dependent Coverage _____% Participation _____%

C. Group Health Insurance Coverage

Deductible (Please choose from one of the following)				
In-Network Deductible (Individual/Family)	<input type="checkbox"/> \$250/\$500 \$500/\$1,000	<input type="checkbox"/> \$500/\$1,000 \$1,000/\$2,000	<input type="checkbox"/> \$1,000/\$2,000 \$2,000/\$4,000	<input type="checkbox"/> \$1,250/\$2,500 \$3,250/\$6,500
Out-of-Network Deductible (Individual/Family)	<input type="checkbox"/> \$2,500/\$5,000 \$4,500/\$9,000		<input type="checkbox"/> \$5,000/\$10,000 \$4,500/\$9,000	
Coinsurance (In-Network / Out-of-Network)	<input type="checkbox"/> 80% / 60% \$2,000 / \$4,000 \$4,000 / \$8,000		<input type="checkbox"/> 100% / 60% * \$0 / \$4,000 \$0 / \$8,000 <i>HSA Plans only</i>	
Coinsurance Limit				
In-Network Deductible (Individual/Family)				
Out-of-Network Deductible (Individual/Family)				
HSA*	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Overall Lifetime Maximum	<input type="checkbox"/> \$1.0 million	<input type="checkbox"/> \$1.5 million	<input type="checkbox"/> \$2.0 million	<input type="checkbox"/> \$5.0 million

- * HSA plans are available with \$1,250, \$2,500, and \$5,000 deductibles. 100% In-Network Coinsurance available with all HSA deductible options.
- Office visit and Rx Copays do not apply when HSA elected (Deductibles and Coinsurance apply), except for Preventive.
- In-network and out-of-network deductibles and out-of-pocket amounts accumulate separately.
- Office Visit and Rx Copays are payable before charges are subject to deductible/coinsurance and are not counted toward OOP limits.

D. Servicing Agent

Name _____ Florida Agent License No _____

Agency Name _____ Email Address _____

Address _____ Telephone No _____

City _____ State _____ Zip _____ Fax No _____

Agent Signature _____

ERISA Stop Loss Census

Employer:



	Name	Gender	Date of Birth	EE=Employee ES=Employee/Spouse EC=Employee/Child(ren) ESC=Employee/Spouse/Child(ren)	Spouse Date of Birth	# Children Covered	Date of Hire	PT=Parttime (Employer Defined) NC=No Cov WP=Wait Period	Zip Code
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