



LIBERTY Dental Plan Request for Proposal

Broker/Agent: _____ **Agency Name:** _____

Agency Address: _____

Agency Telephone: _____ **Fax:** _____ **E-mail:** _____

Please send proposal via: **Hard copy by mail (Quantity)** _____ **E-mail**

Group Name: _____ Zip Code: _____ Business Type: _____

Proposed Effective Date: _____ Proposal Due Date: _____ Total # of EE's: _____

Total Eligible: EE: _____ EE+1: _____ EE + Spouse: _____ EE + Child(ren): _____ Family: _____
(Please attach a census)

Employer Contribution: EE: _____% Dependent: _____% Voluntary: Yes No

Reason for Shopping: _____

Current Carrier: Prepaid: _____ PPO/Indemnity: _____
(Please attach a copy of the current benefit design(s))

Prepaid Rates – Current					Prepaid Rates – Renewal				
EE	EE+1	EE+SP	EE+C	Fam	EE	EE+1	EE+SP	EE+C	Fam
PPO/Indemnity Rates – Current					PPO/Indemnity Rates – Renewal				
EE	EE+1	EE+SP	EE+C	Fam	EE	EE+1	EE+SP	EE+C	Fam

Proposed Plan Design Request

Prepaid: _____

PPO/Indemnity: Preventive: _____% Basic: _____% Major: _____% Orthodontics: _____%

Deductible: \$_____ Waived for preventive? Yes No Annual Maximum: \$_____

Lifetime Orthodontic Maximum: \$_____ Endo & Perio: Basic Major

NOTES:
