

# Proposal Request Form

## First National Administrators

Fax to: LI (516) 352-3135

ATTN: \_\_\_\_\_

BROKER/AGENCY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PLEASE ALLOW A 24-HOUR TURNAROUND FOR QUOTE REQUESTS\***

GROUP NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ REQUESTED EFFECTIVE DATE: \_\_\_\_\_

The information below is needed to provide you with an accurate quote. The information provided is used to determine the appropriate carriers, plan design and suitable alternatives for your client. To prevent delay in getting your quote, please answer ALL questions.

### Employees Reside In (Check ALL that apply)

- NASSAU     SUFFOLK     QUEENS     5 BOROUGHS  
 NEW JERSEY     OTHER \_\_\_\_\_

**(IMPORTANT! Complete census needed for ALL non NY Employees!)**

**To Determine the proper tier structure, please complete the following for those enrolling.**

# of Single \_\_\_\_\_ # of Employee/Spouse \_\_\_\_\_ # of Employee/Child \_\_\_\_\_  
# of Employee/Children \_\_\_\_\_ # of Full Families \_\_\_\_\_

### **Please fill in the following:**

Number of Full Time Employees appearing on NYS-45 \_\_\_\_\_

Number that will participate in the plan \_\_\_\_\_ Number covered through spouse \_\_\_\_\_

Other employer sponsored plan \_\_\_\_\_

Renewal/Anniversary Date \_\_\_\_\_

Current Carrier \_\_\_\_\_

In-network copayment \$ \_\_\_\_\_

Out of Network deductible \$ \_\_\_\_\_

Coinsurance (80/20 or 70/30) % \_\_\_\_\_

Out of Pocket Maximum \$ \_\_\_\_\_

Current Prescription Card \$ \_\_\_\_\_

Current Premium S \_\_\_\_\_ ES \_\_\_\_\_ EC \_\_\_\_\_ F \_\_\_\_\_

Other benefits/riders that your client is interested in \_\_\_\_\_

Number not interested in coverage \_\_\_\_\_

Carrier Desired \_\_\_\_\_

In-network copayment \$ \_\_\_\_\_

Out of Network deductible \$ \_\_\_\_\_

Coinsurance (80/20 or 70/30) % \_\_\_\_\_

Out of Pocket Maximum \$ \_\_\_\_\_

Prescription Card \$ \_\_\_\_\_

PlanType HMO \_\_\_\_\_ POS \_\_\_\_\_ EPO \_\_\_\_\_ PPO \_\_\_\_\_

\* If you require an immediate quote for presentation purposes, you may visit our website at [www.fninsurance.com](http://www.fninsurance.com) and go to the "Broker Tools" page.