



Request for Group Health Insurance Proposal Through the Pacific Northwest Employers Life, Health Insurance Trust

To obtain a quote for your employee health insurance plan(s), please submit the following information. We will make every effort to provide a prompt and accurate rate and benefit quote as soon as the required information is received. This information will be held strictly confidential and will be used for the purpose of this proposal request only.

Company Name: _____

Address: _____

City, State and Zip Code: _____

Primary SIC# or Nature of Business: _____

Contact Name: _____

I wish to be contacted by telephone at: _____

I wish to be contacted by e-mail at: _____

Required Information About Current Insurance:

1. Current employee census (use your own form or contact us for a copy of our form).
2. A copy of your current plan summary of benefits showing deductible, co-pays and co-insurance, prescription coverage, and any riders such as vision care, chiropractic, etc.
3. A copy of recent billing or a document showing current rates and number of participants by coverage class.
4. Current insurance company name and renewal date(s).
5. A copy of the renewal proposal from your current insurer. If not available, please explain.
6. If over 100 employees we must have at least 12 months loss (claims) information, and status and prognosis of any on-going large claims.

Number of Employees: Total _____ Number on Insurance _____

Employer Contribution: % Employee Premium: _____ % Dependent Premium: _____

Please fax or mail this completed Request for Proposal and the required information to:

Amber Rogers, Cascade Employers Association, Inc. or, email to arogers@cascadeemployers.com.

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