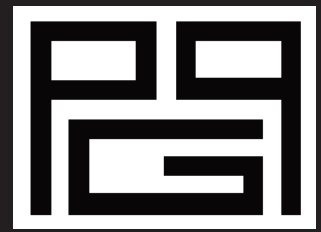


PROFESSIONAL GROUP PLANS
 GENERAL AGENT
Specializing in Employee Benefits



DENTAL SMALL GROUP PROPOSAL REQUEST SHEET

Current Carrier: _____ Renewal Date: _____

Deductible: _____

In Network: _____% _____% _____%

Out of Network: _____% _____% _____%

UCR Out of Network: _____

Deductible Waived for Preventive Care: YES or NO / In Network Only or In/Out

Annual Plan Max: \$ _____

Orthodontia: YES or NO Lifetime Ortho Max: % to \$

Perio/Endo: Class II or Class III

Noncontributory _____ Contributory _____ Voluntary _____

Current Renewal Rates:

Single: _____ Couple: _____ Parent/Child(ren): _____ Family _____

Single: _____ Couple: _____ Parent/Child(ren): _____ Family _____

Corporate Headquarters

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