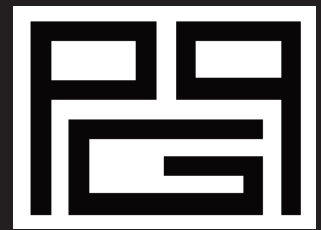


PROFESSIONAL GROUP PLANS
GENERAL AGENT
Specializing in Employee Benefits



SMALL GROUP ANCILLARY PROPOSAL REQUEST SHEET

LIFE AD&D

Current Carrier: _____
 Renewal Date: _____

Life Schedule: FLAT or SALARY

Life Benefit: _____
 Guarantee Issue Amount: _____
 Reduction Schedule: _____

Current Rates:
 Life: _____ AD&D _____

Renewal Rates:
 Life: _____ AD&D _____

Employer Contribution: _____

LONG TERM DISABILITY

Current Carrier: _____
 Renewal Date: _____

Waiting Period: 90 Days or 180 Days

Monthly Benefit: _____ % to \$ _____
 Own Occ Definition: _____

2 years 5 years to age 65

Current Rate: _____ per \$100

Renewal Rate: _____ per \$100

Employer Contribution: _____

Dental

Current Carrier: _____ Renewal Date: _____
 Deductible: _____

In Network: _____ % % %
 Out of Network: _____ % % %
 UCR Out of Network: _____

Deductible Waived for Preventative Care: YES or NO / In Network Only or In/Out
 Annual Plan Max: \$ _____
 Orthodontia: YES or NO
 Perio/Endo: Class II or Class III
 Employer Contribution: _____
 Current Renewal Rates:
 Single: _____ Couple: _____ Parent/Child(ren) _____ Family: _____
 Single: _____ Couple: _____ Parent/Child(ren) _____ Family: _____