



BROKER NAME: _____ PGP SALES REP: _____

NEW YORK SMALL GROUP MEDICAL PROPOSAL REQUEST SHEET

1. Group name: _____

2. Group location: _____

3. Nature of business: _____

4. Current carrier(s): _____ Renewal Date: _____

5. Current/Renewal benefits: HMO POS PPO EPO

Deductible _____ Coinsurance % _____

Copay _____ Hospital copay: Inpatient _____ Outpatient _____

Rx card _____ UCR level _____

6. Current/Renewal rates:

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

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7. Census Count: (please provide census data on any out of area employees on separate page):

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

8. Employer contribution \$ or %:

Employee: _____ Employee & Dependents: _____

10. Are you the current BOR?: YES NO

11. COMMENTS: _____

