



PROFESSIONAL GROUP PLANS
GENERAL AGENT
Specializing in Employee Benefits



BROKER NAME: _____ PGP SALES REP: _____

NEW JERSEY 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:* _____

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

7. Census: ***PLEASE COMPLETE CENSUS PAGE ATTACHED***

8. Employer contribution \$ or %:

Employee: _____ *Employee & Dependents:* _____

9. Are you the current BOR?: YES NO

10. COMMENTS: _____



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NEW JERSEY SMALL GROUP EMPLOYEE CENSUS INFORMATION

#	Employee Name or Initials	Sex	Date of Birth or Age	Dependent Coverage Information	Enrolled Status	Employee Zip Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

- * **E:** Employee Only
ES: Employee & Spouse
EC: Employee & Children
ESC: Full Family



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NJ SMALL GROUP EMPLOYEE CENSUS INFORMATION (CONTINUED)

#	Employee Name or Initials	Sex	Date of Birth or Age	Dependent Coverage Information	Enrolled Status	Employee Home Zip Code
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

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