



Ancillary Products Proposal Request Checklist

Since the rules of engagement are slightly different for Ancillary versus Medical, the below checklist will help facilitate the proposal request process. This should be used as a tool, not to assess if a proposal is possible.

Required Information:

Name of Client:

Effective Date: Client Zip Code: SIC Code:

Zip Codes of Office Locations:

Broker Name: Broker Inforce?

Due Date of Presentation:

Please check each coverage that is being requested. If a requested coverage is currently inforce, please indicate the current rate if known.

<input type="checkbox"/> Basic Life	_____	<input type="checkbox"/> STD	_____
<input type="checkbox"/> LTD	_____	<input type="checkbox"/> VSTD	_____
<input type="checkbox"/> Vision	_____	<input type="checkbox"/> Dental	_____
<input type="checkbox"/> VTL	_____	<input type="checkbox"/> Vol Dental	_____
<input type="checkbox"/> VLTD	_____	<input type="checkbox"/> TDB	_____
<input type="checkbox"/> Vol Vision	_____	<input type="checkbox"/> DBL	_____

Please attach the following:

** Any Plan Designs Available **

** Current Census (DOB, Family Status, Gender, Salary, Occupation) **

Optional Information:

Medical Carrier: Is Medical being marketed?

If Medical is being quoted, by whom?

Number of years with current ancillary carrier:

Is the client open to Alternative Plan Designs? Is the client open to Voluntary Benefits?

Any specific carrier(s) requested?