



1804 Juan Tabo Blvd. NE, Ste. A  
 Albuquerque, NM 87112  
 (505) 237-1501 / 888-862-8659

**Request for Proposal (RFP)**  
**Dental, Vision, Life, STD, LTD**

Thank you for selecting BenefitSource to assist you in choosing benefits that best fit your client's needs. Please complete first page and all sections on page 2 applicable to the coverages for which you are requesting a proposal. Please attach a census (excel format to include- gender, date of birth, occupation and salary), current plan design, experience information and rates.

Date:		Due Date:		Requested Effective Date:	
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Group Name:				SIC Code/ Type of Business:	
Group Address:					
City:	ABQ	State:		Zip:	
Years in Business:		Tax ID Number:			
# of Eligible Employees:		Eligible employees must work # of hrs/wk:			
Wait period for new hires:		Are there existing benefits?:	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Agency Name:						
Agent Name:						
Email:				Are you the Broker of Record?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Phone:			Fax:			

Please check all products to be proposed and fill out page 2:

- Dental**       **Vision**  
 **Life AD&D\***    **STD\***    **LTD\***

\*Complete excel census required for all Life/STD/LTD Products

Additional Comments:					

**Please submit RFP to [sales@benefitsource.org](mailto:sales@benefitsource.org) or Fax (505) 237-8344**  
**For Questions regarding this RFP please contact BenefitSource at (505) 237-1501 or 888-862-8659**

**Please provide a current summary of benefits for all existing plans you wish to match benefits.**

<b>Dental</b>		<b>Match Benefits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Contribution:	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Contributory/ Employer Paid			
Tier Rate	<input type="checkbox"/> 2-Tier	<input type="checkbox"/> 3-Tier		<input type="checkbox"/> 4-Tier	
Annual Maximum:	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1500 (5+ee's)	<input type="checkbox"/> \$2000(10+ee's)	<input type="checkbox"/> Other_____
Indemnity Ortho Benefit:	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1500	<input type="checkbox"/> Other_____	<input type="checkbox"/> Sandia Ortho Edge	
Endo and Perio Services:	<input type="checkbox"/> Basic	<input type="checkbox"/> Major	Previous Carrier Name:		
Current Rates	E Only \$_____	E+Spouse \$_____	E+Child(ren) \$_____	E+Family \$_____	
Renewal Rates	E Only \$_____	E+Spouse \$_____	E+Child(ren) \$_____	E+Family \$_____	

<b>Vision</b>		<b>Match Benefits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Contribution:	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Contributory/ Employer Paid			
Frequency of Exam, Lenses, Frames (in mos.):	<input type="checkbox"/> 12/24/24	<input type="checkbox"/> 12/12/24		<input type="checkbox"/> 12/12/12	
Material Allowance (Frames or contacts):	<input type="checkbox"/> \$100	<input type="checkbox"/> \$130	<input type="checkbox"/> \$150	<input type="checkbox"/> Other_____	
Copays (Exam/Material):	<input type="checkbox"/> \$10/\$15	<input type="checkbox"/> \$15/\$15	<input type="checkbox"/> \$10/\$25	<input type="checkbox"/> Other_____	
Plan Type	<input type="checkbox"/> Full Service	<input type="checkbox"/> Materials-Only	Previous Carrier Name:		
Current Rates	E Only \$_____	E+Spouse \$_____	E+Family \$_____		
Renewal Rates	E Only \$_____	E+Spouse \$_____	E+Family \$_____		

<input type="checkbox"/> <b>Life AD&amp;D</b> <b>Voluntary</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>STD</b> <b>Voluntary</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>LTD</b> <b>Voluntary</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Flat Amount \$_____ on all full time employees	<input type="checkbox"/> Flat Amount \$_____ / wk on all full time employees	<input type="checkbox"/> Percent of Earnings _____ % of earnings to \$_____ max monthly benefit of full-time employees (standard)
<input checked="" type="checkbox"/> Multiple of Earnings _____ X Earnings on all employees to max of \$_____	<input type="checkbox"/> Percent of Earnings _____ % of earnings to the max benefit of \$_____	<input type="checkbox"/> Class Plan (list benefits below) _____ _____ _____
<input type="checkbox"/> Class Plan (list benefits below) _____ _____ _____	<input type="checkbox"/> Class Plan (list benefits below) _____ _____ _____	<input type="checkbox"/> Class Plan (list benefits below) _____ _____ _____
Employer Contribution _____%	Employer Contribution _____%	Employer Contribution _____%
Current Rate _____ per \$1000	Current Rate _____ per \$10	Current Rate _____ per \$100
Renewal Rate _____ per \$1000	Renewal Rate _____ per \$10	Renewal Rate _____ per \$100
<b>LIFE REDUCTIONS</b>	<b>SHORT TERM DISABILITY</b>	Elimination Period: <input type="checkbox"/> 90days <input type="checkbox"/> 120 days <input type="checkbox"/> 180 days <input type="checkbox"/> Other_____
<input type="checkbox"/> 35% at 65, Terminate at 70 or retirement (Groups 2-9)	_____ day(s) accident _____ days sickness _____ weeks  1/8/13 or 1/8/26 (standard)	Benefit Integration: <input type="checkbox"/> Primary & Family (standard) <input type="checkbox"/> Primary Only
<input type="checkbox"/> 35% at 65, 50% at 70, 75% at 75, Terminate at Retirement (Groups 10+)		Benefit Duration: <input type="checkbox"/> To Age 65 RBD <input type="checkbox"/> 5 Year <input type="checkbox"/> 2 Year
<input type="checkbox"/> Other_____		Own OCC Definition: <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> To Age 65
<input type="checkbox"/> Extended Death Benefit (Groups2-9) Waiver of Premium (Groups 10+)		
<input type="checkbox"/> Dependent Life Amount Spouse \$_____ Child(ren) \$_____		
<input type="checkbox"/> Life Claims Experience Attached (Groups 150+)	<input type="checkbox"/> STD Claims Experience Attached (Groups 100+)	<input type="checkbox"/> LTD Claims Experience Attached (Groups 200+)

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