International Medical Group, Inc.
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INDY PLUS INTERNATIONAL®

IMG
INTERNATIONAL MEDICAL GROUP℠

Request for Proposal

Company Name_____ Telephone_____

Street Address_____ Contact Person_____

City_____ State_____ Country_____ Postal Code_____

Nature of business_____ Desired Effective Date_____

BENEFIT PLANS DESIRED

Deductible Requested	☐ $100	☐ $150	☐ $250	☐ $500	☐ $1,000	☐ $2,500
Maximum Deductible	☐ 2 per family	☐ 3 per family				
Lifetime Maximum	☐ $1,000,000	☐ $5,000,000				
Life Insurance Benefit	☐ $25,000	☐ $50,000	☐ 1x salary	☐ 2x salary	☐ 3x salary	

Agency_____ Agent Name_____ Agent #_____

Address_____ City_____ State_____ Country_____

Postal Code_____ Telephone_____ Fax_____ E-mail_____

Is applicant a subsidiary or division of a U.S. or Canadian-based company? ☐ Yes ☐ No
If yes, please provide the following information:

Name of parent company_____

Address_____ City_____ State_____ Country_____

Postal Code_____ Telephone_____ Fax_____ E-mail_____

Does applicant presently have group medical insurance? ☐ Yes ☐ No
If yes, please attaching the following:

1. Copy of present policy and/or booklet describing benefits.
2. Copy of most recent billing statement from present carrier.
3. Copy of most recent 3 years' claims experience. *In most instances, this can be obtained from your present and/or past carrier(s).*

Has another insurance carrier refused your group? ☐ **Yes** ☐ **No**

Total number of employees_____
(including U.S.-based and international employees)

Total number of eligible employees_____
(international employees)

How many employees have been employed less than six months?_____

Do you expect the number of employees to vary by more than 10% during the next 12 months? ☐ Yes ☐ No
If yes, please explain:_____

Are any employees presently residing in the U.S. or Canada? ☐ Yes ☐ No
If yes, list those employees and indicate anticipated date of departure. Attach additional sheets if necessary.

Employee_____ Date of Departure_____

Employee_____ Date of Departure_____

Employee_____ Date of Departure_____

Are any employees presently on COBRA? ☐ Yes ☐ No
If yes, list those employees and list the date COBRA began and the qualifying event. Attach additional sheets if necessary.

Employee_____ Date/Qualifying Event_____

Employee_____ Date/Qualifying Event_____

Employee_____ Date/Qualifying Event_____

Please answer the following questions to the best of your knowledge. If your answer to any of these questions is yes, please provide details in the space provided below.

1. To the best of your knowledge, has any employee or dependent suffered from a condition which resulted in a claim of $2,500 or more during the last 3 years? ☐ Yes ☐ No
2. Are any employees or dependents currently pregnant? ☐ Yes ☐ No
3. Are any employees or dependents presently hospitalized, confined at home or treatment facility, disabled or incapacitated? ☐ Yes ☐ No
4. Are any employees not actively at work performing his/her normal duties due to illness or injury? ☐ Yes ☐ No
5. Are you aware of any circumstances, chronic or continuing medical, mental or nervous conditions which can be expected to produce ongoing claims? ☐ Yes ☐ No

Additional Comments: (attach additional sheets if necessary)

_____

_____

_____

Employee Census: It is important that each employee, spouse and dependent child be included on this census. The initial quotation is based on this census. Final rates are based on actual enrollment.

Sex	Name	Status*	Date of Birth	Hire Date	Annual Salary	Country of Residence

***Status: Employee (E) Spouse (S) Dependent Child (D)**

The information provided on this form, including attachments, is intended to provide the company with information necessary to evaluate your group and provide you with premium and coverage indications. Final rates and coverage will be based on the actual enrollment, including evidence of insurability, if applicable. No insurance is in effect unless you are notified in writing by the company. Thank you for your interest in Indy+Plus International.

Applicant Signature_____ Date_____

Agent Signature_____ Date_____

agent # 19792