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This tool designed by the Group Department at Good Neighbor Insurance Inc.

to help HR and Administrators assess their groups’ international insurance needs.

**REQUEST FOR PROPOSAL (Quote)**

**Please Print or Type All Sections**

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| Company Name:      Address:      Contact Person:      Phone Number:       E-mail:       Nature of Business:       Desired Effective Date:       **BENEFIT PLANS DESIRED**Deductible: [[ ] ] $0 [[ ] ] $250 [[ ] ] $500 [[ ] ] $1000 [[ ] ] $2500 [[ ] ] $5000 Other $      \_\_\_\_\_\_ |
| Lifetime Maximum: [[ ] ] $1,000,000 [[ ] ] $5,000,000 [[ ] ] Unlimited [[ ] ] Other $      \_\_\_\_\_\_\_\_ |
| Life Insurance: [[ ] ] $10,000 [[ ] ] $25,000 [[ ] ] $50,000 [[ ] ] Other      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dependent Life ($10K for spouse, $5K for each child: [[ ] ] Yes [[ ] ] No  |
| U.S. Coverage? [[ ] ] Yes [[ ] ] No |
| Inside U.S. - In-Network [[ ] ] 60% [[ ] ] 80% [[ ] ] 90% [[ ] ] Other %      \_\_\_\_\_\_\_\_\_\_ |
| Inside U.S. - Out-of-Network [[ ] ] 60% [[ ] ] 80% [[ ] ] 90% [[ ] ] Other %      \_\_\_\_\_\_\_\_\_\_ |
| **Are any employees presently on COBRA?** [[ ] ] Yes [[ ] ] No How many?     \_\_\_\_\_\_\_\_\_\_ |
| **Include Medical Evacuation?** [[ ] ] Yes [[ ] ] No**Include Political Evacuation?** [[ ] ] Yes [[ ] ] No**Has another Insurance carrier refused your group?** [[ ] ] Yes [[ ] ] NoTotal number of Employees Worldwide (including Domestic Staff, Expats, TCNs and Local Nationals)?      Total number of Eligible Employees (Expats and Third Country Nationals)?      How many employees have been employed less than six months?       Do you expect the number of employees to vary more than 10% during the next 12 months?       If YES, please explain:      For U.S. employees - What is their filing status with the IRS? (Check all boxes that apply) [[ ] ] W-2 [[ ] ] 1099 [[ ] ] No Compensation [[ ] ] Other  |
| **Do you presently have group medical insurance?** [[ ] ] Yes [[ ] ] NoIf YES, please attach the following: Copy of present policy and/or booklet describing benefits. |
| **Please answer the following questions to the best of your knowledge. If you answer YES** **to any of these questions, please provide details in the space provided below.** 1. Are any employees or dependents currently pregnant? [[ ] ] Yes [[ ] ] No 2. Are any employees or dependents presently hospitalized,  confined at home or treatment facility, disabled or incapacitated? [[ ] ] Yes [[ ] ] No 3. Are any employees not actively at work performing his/her normal duties due to illness or injury? [[ ] ] Yes [[ ] ] No 4. 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.)      |



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You may continue on another sheet or **save and submit this form to** **group@gninsurance.com****.**

Have you filled out our Group Census?  [**Get it here.**](https://www.gninsurance.com/group/group-quoteproposal-overseas-medical-insurance/)