

Employer Group Proposal Request



CDA Insurance, LLC
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Phone: 800 884 2343
 Fax: 541 284 2994

Date:		Contact:	
Group Name:			
Group Address:			
Phone:			
Fax:			
County:		Industry:	
Zip Code:			
Mailing Address:			

Please provide information on your current plan:

Carrier:		Plan Type:	
PPO Deductible/Copay			
HMO Out-of-Pocket Max.			
Current Rates			
Employee:		Empl. & Spouse	
Empl. & Children		Family	
Renewal Rates			
Employee:		Empl. & Spouse	
Empl. & Children		Family	
Additional Benefits Wanted			
Dental		Vision	
STM Disability		LTM Disability	
Life			

Employee Census: (Please refer to tables 1&2 to complete census form)

<u>Table 1: Enrollment Status</u> 1 = Employee Only 2 = Employee + Spouse 3 = Employee + Child(ren) 4 = Family 5 = NOT Enrolling	<u>Table 2: Reason NOT Enrolling</u> 1 = Other Coverage 2 = Probationary Period 3 = Not Eligible 4 = Other
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