



Company Information
Company Name, Address, Company Contact, Job Title, Phone Contact, Nature of the Business, Number of Years in Business, NIB Coverage, Effective Date of Policy, Name of Broker/Agent, Commission %
Reason for Proposal Request
Previous Group Coverage
1. Is there, or has there been during the past five years, any group insurance issued to the Company?
2. Have you had any claims in excess of \$5,000 in the past 12 months?
3. Do you expect any claims in excess of \$5,000 within the next 12 months?
Employees Not Actively at Work
4. Are there employees or dependents of employees not actively at work, or hospitalized?
5. How will the premium be shared between the employer (ER) and employee (EE)?
Participation
6. Number Participating in Plan, 7. Number of Eligible Dependents, 8. Are there retirees to be covered?
9. Please indicate rate structure.
Benefits Requested
Medical Plan Requested
Stellar Care Series
Other Comments

FOR COLINA PURPOSES ONLY

Date of Application Sales Representative