

Request For Proposal

Firm: _____

Date: _____

Address: _____

City, State, Zip: _____

Phone: _____

Decision Maker: _____

Selfridge & Associates, Inc.

Insurance * Financial Services

Type of Business: _____

SIC # _____ Business Since _____

PO Box 1345

New Albany, IN 47151-1345

PH: (812) 944-8400

FX: (413) 669-2751

Email: jane@selfridge.net

Questions: Contact **JANE BAYS**

BENEFITS

Current Carrier

Effective

Life

Deductible

Coins

Office Visit

RX

Generic _____

In-network _____

Brand _____

Out-of-network _____

Brand-non _____

Maximum out-of-pocket

Single In-network _____

Single Out-of-network _____

Family In-network _____

Family Out-of-network _____

Comments: _____

GENSUS

Name	Sex	Employee Date of Birth	Spouse Date of Birth	Dependent Coverage
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				