



Blue Balance FundedSM Request for Proposal for Accounts with 10 -50 Employees

Please complete and submit this request form into the eSales Quoting Tool through BAP

Employer Legal Name				Requested Effective Date	
ERISA Group? Yes No				ERISA Group Year?	
Is your group headquartered in Texas?				If no, what state?	
EIN (9-digits)		Employer Address			
City		State	Zip Code	Employer County	
SIC Code (4-digits)	Nature of Business		Has the group been involved in bankruptcy proceedings either currently or within the last 12 months? Yes No		
Primary Producer Name			Producer Email		
Requested PCPM (Medical Commission Amount) CHOOSE ONE			BCBSTX Appointed Producer Number		
Sub Producer Name		Sub Producer BCBSTX Appointed Number		Sub Producer Zip Code	
General Agent Name		General Agent Email		General Agent BCBSTX Appointed Number	
Name of Current Carrier				Original Effective Date With Current Carrier	
Average number of employees on payroll during business days in the preceding calendar year(including full-time, part-time, and seasonal)				Employer contribution percentage (minimum 50% of employee only coverage required)	

Total number of employees (not including those on COBRA or in their waiting period)	
Total number of COBRA enrollees (census should reflect all COBRA enrollees)	
Total number of employees in their waiting period	
Total number of part-time employees	
Total number of eligible employees waiving because of other coverage	
Total number of eligible employees waiving, not covered elsewhere	
Total number of eligible employees enrolling in coverage	

NOTE: All questions must be answered, and all required documentation included to initiate a quote.

REQUIRED PAPERWORK LIST

1. COMPLETED RFP
2. CURRENT BENEFIT SUMMARY (One for each current plan)
3. Member-Level Census in Required Excel Template
4. LARGE CLAIM INFORMATION (12 months if available)
5. CURRENT CARRIER'S CLAIM VS. PREMIUMS AND MEDICAL CONDITIONS REPORT (12 months if available)