

AGENT REQUEST FOR PROPOSAL



800-825-7531 Ext. 885
Quote Fax 309-423-9211
 E-mail: sales@alliednational.com
 Web: www.alliednational.com

How to submit a proposal request:

1. Fill out agent and client information in its entirety.
2. Select plan(s) you wish quoted and the benefits for each plan selected.
3. Complete census information on reverse for all individuals to be insured.
4. Mail (or fax) completed form to Allied National. For questions, call Allied's Sales Support Team.

AGENT INFORMATION:

Agent Name _____ Agent # _____

Agency Name _____ Overwrite # _____

Phone # () _____ Fax # () _____ E-mail _____

CLIENT INFORMATION:

Name _____ SIC: _____

Nature of Business _____

City _____ State _____ Zip _____ County _____

Requested Effective Date _____

BENEFIT INFORMATION: Check appropriate box for each plan quote desired.

ADMIN USE ONLY
 Add Load _____

HORIZONS™ COST SAVER

- | | | | |
|-------------------------------------|--|---|---|
| Calendar Year Limit | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$10,000 |
| Prescription Drug Options | <input type="checkbox"/> Discount Card | <input type="checkbox"/> Prescription Drug Card (\$20 copay, \$75 deductible, \$1,000 yearly maximum) | |
| Group Eligible for takeover? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Has employer provided a group health plan any time in the past 12 months?) |

WELLNESS HORIZONS®

Premium Advantage	Traditional PPO Plan	No Deductible PPO Plan*																
In-Network Office Visit Copay¹ <input type="checkbox"/> None <input type="checkbox"/> \$25 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30	In-Network Office Visit Copay¹ <input type="checkbox"/> None <input type="checkbox"/> \$25 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30	Office Visit Copay Plan: <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Office Visit¹</th> <th style="text-align: left;">Outpatient²</th> <th style="text-align: left;">Surgery²</th> <th style="text-align: left;">In-Patient²</th> </tr> <tr> <td><input type="checkbox"/> \$20</td> <td><input type="checkbox"/> \$40</td> <td><input type="checkbox"/> \$200</td> <td><input type="checkbox"/> \$400</td> </tr> <tr> <td><input type="checkbox"/> \$25</td> <td><input type="checkbox"/> \$50</td> <td><input type="checkbox"/> \$250</td> <td><input type="checkbox"/> \$500</td> </tr> <tr> <td><input type="checkbox"/> \$30</td> <td><input type="checkbox"/> \$60</td> <td><input type="checkbox"/> \$300</td> <td><input type="checkbox"/> \$600</td> </tr> </table>	Office Visit ¹	Outpatient ²	Surgery ²	In-Patient ²	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$30	<input type="checkbox"/> \$60	<input type="checkbox"/> \$300	<input type="checkbox"/> \$600
Office Visit ¹	Outpatient ²	Surgery ²	In-Patient ²															
<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400															
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500															
<input type="checkbox"/> \$30	<input type="checkbox"/> \$60	<input type="checkbox"/> \$300	<input type="checkbox"/> \$600															
In-Network/Out-of-Network Deductible <input type="checkbox"/> \$1,500/\$1,500 <input type="checkbox"/> \$5,000/\$5,000 <input type="checkbox"/> \$2,000/\$2,000 <input type="checkbox"/> \$10,000/\$10,000 <input type="checkbox"/> \$2,500/\$2,500	In-Network/Out-of-Network Deductible <input type="checkbox"/> \$750/\$1,000 <input type="checkbox"/> \$1,000/\$1,000	Coinsurance <input type="checkbox"/> 80%/60% <input type="checkbox"/> 80%/50%																
Coinsurance <input type="checkbox"/> 100%/70% <input type="checkbox"/> 50%/50% <input type="checkbox"/> 80%/50%	Coinsurance <input type="checkbox"/> 80%/60% <input type="checkbox"/> 80%/50%	Out-of-Pocket <input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$3,000/\$6,000 <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$4,000/\$8,000 <i>*Not available in Texas</i>																
Out-of-Pocket Maximum: <input type="checkbox"/> \$0/\$3,000 <input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$0/\$6,000 <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$1,500/\$3,000 <input type="checkbox"/> \$3,000/\$6,000	Out-of-Pocket Maximum: <input type="checkbox"/> \$1,500/\$3,000 <input type="checkbox"/> \$2,500/\$5,000 <input type="checkbox"/> \$2,000/\$4,000 <input type="checkbox"/> \$3,000/\$6,000																	

¹ Office visit copays do not apply to deductible or out-of-pocket maximums. ² These copay amounts will apply to oop max
 See Wellness Horizons and Horizons Cost Saver Sales Brochures for details on all plan selections/options.

PRESCRIPTION DRUG CARD OPTIONS

Choose a Prescription Drug Program

- Major Medical Benefit using Discount Card** (subject to Deductible and In-Network Coinsurance. Not available with the Wellness Horizons No-Deductible or Horizons Cost Saver Plans.)
- Prescription Drug Card (\$20 copay). Choose maximum benefit.
 - \$1,000 (per individual)
 - \$5,000 (per individual)

**There is no Calendar Year Maximum using the Major Medical Benefit.

ADDITIONAL COVERAGE OPTIONS FOR ALL PLANS (Check desired benefit.)

- OCCUPATIONAL COVERAGE – owners, partners, and corporate officers NOT covered by Workers Compensation may elect to be covered on a 24-hour basis under this Plan. If elected, all eligible owners, partners, and corporate officers must take this coverage.
- PREGNANCY COVERAGE – available to groups initially insuring five or more eligible employees (four or more in Ohio) with health coverage. Covered as any other illness. (Not available on Horizons Cost Saver unless employer has 15 or more employees.)
- \$500 SUPPLEMENTAL ACCIDENT BENEFIT – pays 100% of charges incurred by an accident up to a \$500 benefit. (Not available with the Wellness Horizons No-Deductible PPO or Horizons Cost Saver Plans.)
- LIFE EXTRA COVERAGE OPTION - \$10,000 (minimum amount) to \$50,000 (maximum amount) Other amount \$ _____
 By class (set up classes by job or income) (Not available on Horizons Cost Saver)

PPO NETWORK CHOICE _____

HORIZONS™ LIFE & DISABILITY – (Check desired plan.)

Please contact Allied Sales Support at 1-800-825-7531 ext. 885 for a separate Horizons Request for Proposal form.

Benefits Requested: Life/AD&D STD LTD

DD Quick Quotes			
I _____	C _____		
S _____	F _____		

HORIZONS™ DENTAL DESIGN –Groups 2-99 (Check desired plan.)

Plan 1 Plan 2
 Takeover Yes No
 Ortho Yes No
 Enhanced benefit Yes No

HORIZONS™ TEMPORARY HEALTH

CENSUS INFORMATION

(If additional space is needed, please use separate sheet and attach to this form.)

Name, Class & Benefit Amount (class & benefit amount for Life/WDI Cases)	DOB/AGE	SEX	Coverage Type I-S-C-F	Number of Children	Spouse's DOB/AGE	Owner, Officer, Partners Y/N	Monthly Salary	STD Weekly Benefit	LTD Flat Benefit Amount	Term Life Benefit Amount
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Coverage Type:

I = Insured
 S = Insured and Spouse
 C = Insured and Children
 F = Insured, Spouse and Children

Owner, Officer, Partner – Yes or No answer determines eligibility for Occupational Coverage option under Allied Health Plans.

Monthly Salary – Used to determine disability benefits (if applicable).

STD Weekly Benefit – For STD Disability income, enter dollar amount (0 to \$1,000 in even \$10) or percentage (40-60%).

Life Benefit Amount - \$10,000 to \$300,000 in even \$1,000 increments or a percentage of annual salary (1, 1.5, 2, 3, 4, 5)

LTD Dollar Amount – (\$500-\$6,000) in even \$100 increments or percentage (40-66%).

Mail To: Allied National P.O. Box 419257 Kansas City, MO 64141-6257

Phone: 800-825-7531 • Local: 816-474-1200 • Sales Support – Ext. 885 • Fax: 816-221-4638 • Quote Fax 309-423-9211

WEB: www.alliednational.com E-mail: sales@alliednational.com