Companion Life

Preferred United Plans®
"Alternative Funding"

SECUREONE Benefit Administrators, Inc.

Proposal Request Form

Date of Request:_____ **Employers 2EE to 140 EE** Effective Date:_____

EMPLOYER DATA

Employer Name: _____ SIC Code: _____

Address: _____ Total Full-Time Employees:_____

City: _____ State: _____ Zip Code: _____

AGENT DATE (must be licensed with carrier if group sells)

Agent Name: _____

Agency: _____

Email quote to: _____

Agent Compensation

☐$15 ☐$20 ☐$25

☐$30 ☐$_____

MEDICAL PLAN CHOICES (maximum 3 between PPO & HSA)

*All deductibles and co-insurance are SEPARATE in- and out-of-network.

PPO PLANS

*All have $30 Office Visit Co-pay and "ACA" Max OOP is $7,900 Single/$15,800 Family for In-Network.

100/70		90/60		80/50		70/50	
☐$1,000	☐$2,000	☐$500	☐$1,000	☐$500	☐$1,000	☐$500	☐$1,000
☐$2,500	☐$3,000	☐$1,500	☐$2,000	☐$1,500	☐$2,000	☐$1,500	☐$2,000
☐$3,500	☐$4,000	☐$2,500	☐$3,000	☐$2,500	☐$3,000	☐$2,500	☐$3,000
☐$4,500	☐$5,000	☐$3,500	☐$4,000	☐$3,500	☐$4,000	☐$3,500	☐$4,000
☐$5,500	☐$6,000	☐$4,500	☐$5,000	☐$4,500	☐$5,000	☐$4,500	☐$5,000
		☐$5,500	☐$6,000	☐$5,500	☐$6,000	☐$5,500	☐$6,000

Rx Options: ☐$5/$25/$50/25% ☐$15/$40/80/25% ☐$20/$60/$100/25%

ER Co-Pay: ☐$150 ☐$250

Co-Insurance: ☐$15,000 ☐$20,000

**Should Deductible and Co-Insurance fall below the maximum "ACA" out-of-pocket limit chosen by the employer, co-pays will apply up to the maximum "ACA" Allowable amount.

HSA PLANS

"ACA" Max OOP is $6,750 Single/$13,500 Family

100/70				80/60			
☐$1,400	☐$1,500	☐$2,000	☐$3,000	☐$1,400	☐$1,500	☐$2,000	☐$3,000
☐$3,500	☐$4,000	☐$4,500	☐$5,000	☐$3,500	☐$4,000	☐$4,500	☐$5,000
☐$6,000				☐$6,000			

LIFE INSURANCE

☐$15,000 flat mandatory minimum ☐$_____Flat Amount (up to $50,000)

All Employees and covered dependents must complete an Employee Health Risk Assessment Applications!

Please send this completed form and the following information to goskoh@secureoneinc.com or fax 616-454-4338.

- **Census (name, dob, sex, Dep status, zip code if not in MI)**
- **Current Schedule of Benefits**
- **Current Carrier _____**

MultiPlan. Cofinity MI Lakeland Care Network First Health KY PHCS