



**Preferred United Plans<sup>®</sup>**  
**"Alternative Funding"**  
**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		
<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30
<input type="checkbox"/> \$40	<input type="checkbox"/> \$_____	

**MEDICAL PLAN CHOICES (Maximum 4 Between PPO & HSA)**

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

PPO PLANS							
"ACA" Max OOP is \$8,700 Single/\$17,400 Family for In-Network							
100/70		90/60		80/50		70/50	
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500
<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$5,000	
All Plans have OV Copay - \$30 Primary Care - \$50 Specialist							
<b>Rx Options For PPO Plans:</b>	<input type="checkbox"/> \$5/\$25/\$50/25%			<input type="checkbox"/> \$15/\$40/80/25%		<input type="checkbox"/> \$20/\$60/\$100/25%	
				<b>ER Co-Pay:</b>		<input type="checkbox"/> \$350 <input type="checkbox"/> \$500	
HSA PLANS							
All HSA plans have a Rx copay of \$15/\$40/\$80 after deductible has been met							
"ACA" Max OOP is \$7,050 Single/\$14,100 Family							
100/70			80/60				
<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$8,000						

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

Please send this completed form and the following information to [gorskoh@secureoneinc.com](mailto:gorskoh@secureoneinc.com) or fax 616-454-4338.

- Census (name, dob, sex, Dep status, zip code)
- Current Schedule of Benefits
- Current Carrier \_\_\_\_\_