



International Medical Group®, Inc.
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MP+INTERNATIONAL REQUEST FOR PROPOSAL

Mission Name Telephone
Street Address Contact Person
City State Country Postal Code
Desired Effective Date

What is the employee and/or self-employed filing status with the IRS?
(Check all boxes that apply) W-2 1099 No Compensation

BENEFIT PLANS DESIRED

Deductible Requested: \$100 \$250 \$500 \$1000 \$2500 \$5000
Lifetime Maximum \$1,000,000 \$5,000,000
Life Insurance \$25,000 \$50,000 Other Amount

Agency Adams & Assoc. Int'l Agent Name Agent # 10259
Address City State Country
Telephone 800.922.8438 Fax 803.252.1988 Email aai@aaintl.com

Does applicant presently have group medical insurance? Yes No

- If yes, please attach the following:
1. Copy of present policy and/or booklet describing benefits.
2. Copy of most recent billing statement from present carrier.
3. Copy of most recent 3 years claims experience.
(in most instances, this can be obtained from your present and/or past carrier(s))

Total number of full-time and part-time employees Total number of eligible employees & appointed representatives
(including U.S.-based and international employees)

Member Category (provide count) -
1. Employees, work more than 30 hours a week
2. Volunteers
3. Self-Employed

Has another insurance carrier refused your group? Yes No

How many covered employees & appointed representatives have been employed less than six months?

Do you expect the number of covered persons to vary by more than 10% during the next 12 months? Yes No
If yes, please explain:

Does your group offer COBRA? Yes No

Are any covered persons presently on COBRA? Yes No
(If yes, please list names and the date COBRA began along with the qualifying event. Attach additional sheets if necessary).

Name Date Cobra began
Name Date Cobra began
Name Date Cobra began

