



*Specializing in Employee Benefits*

**SMALL GROUP ANCILLARY PROPOSAL REQUEST SHEET**

<u><b>LIFE &amp; AD&amp;D</b></u>		<u><b>LONG TERM DISABILITY</b></u>	
Current Carrier: _____		Current Carrier: _____	
Renewal Date: _____		Renewal Date: _____	
Life Schedule: FLAT or SALARY		Waiting Period: 90 DAYS or 180 DAYS	
Life Benefit: _____		Monthly Benefit: _____ % to \$ _____	
Current Rate:	Renewal Rate:	Own Occ Definition:	
Life: _____	Life: _____	2 YEARS      5 YEARS      TO AGE 65	
AD&D: _____	AD&D: _____	Current Rate:	_____ per \$100
		Renewal Rate:	_____ per \$100

<u><b>DENTAL</b></u>			
Current Carrier: _____	Renewal Date: _____		
Deductible:	Coinsurance:		
Single: \$ _____	In Network: _____ % _____ % _____ %		
Family: \$ _____	Out Network: _____ % _____ % _____ %		
Deductible Waived for Preventive Care: YES or NO			
Annual Plan Max: \$ _____			
Orthodontia: YES or NO	Lifetime Ortho Max: _____ % to \$ _____		
Current/Renewal Rates:			
Single: _____	Couple: _____	Parent/Child(ren): _____	Family: _____
Single: _____	Couple: _____	Parent/Child(ren): _____	Family: _____