

Request For Proposal

Please complete below and census data on the next page. Fax to 816-968-0557
Questions? Call 800-821-7303 Ext 1179

School District Name _____

Address _____

City, State, ZIP _____

County _____

Telephone () _____ Fax () _____

Contact _____ Job Title _____

E-Mail Address _____

Number of Covered Employees (including those on COBRA or retired) _____

Total Number of Employees (including those waiving coverage, on COBRA or retired) _____

Current Health Plan Information

Current Carrier _____

Deductible _____

Monthly Premium _____

Coinsurance _____

Office Visit Copay _____

Emergency Room Copay _____

Rx Benefit _____

Please send a proposal for:

- Medical PPO HMO Self Funded
- Dental
- Long Term Disability
- Board Paid Life
- Cafeteria Plan
- 403(b) Compliance Services

Comments: _____

Fax to: Forrest T. Jones Group Plan Consultant: 816-968-0557

Questions? Call 800-821-7303 ext 1179

Request For Proposal

Employee Census Data

Please complete below and fax to: 816-968-0557

Questions? Call 800-821-7303, ext 1179

School District Name _____

	Employee		Spouse Birthdate	# of Dep Children	Zip Code	Coverage Type				Annual Salary*
	Birthdate	Sex M F				Ind Emp	Emp/Sp	Emp/Chd	Family	
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Annual Salary required if requesting LTD or life coverage based on salary.

If family coverage is indicated, but the number of children box is blank, then one child is assumed.