

Please FAX to (985) 624-2661

Employer - Sponsored Plan Proposal Request Form

Today's Date _____ Type of Request: New Case Renewal
Producer Name _____ ID# _____ Agency Number _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail: _____

Employer Name _____
Nature of Business _____
Year Established: _____ Principal Location: City _____ State _____ Zip _____
Other Locations _____

Entity Type: C-Corp S-Corp Partnership Sole Prop
Number of Full-Time EE's: _____ Number of EE's to be considered for coverage: _____
Describe group to be covered: All EE's Select Group (Describe - Key Persons, Managers, Etc.) _____

Percentage of EE Turnover in covered group in past 2 years _____
Any Known Medical Histories, in covered group: _____
Any projected mergers or layoffs? _____
Any non-U.S. citizens or expatriates? _____

Other Coverages:

- None
- STD (Submit Booklet): Carrier _____ W.P. _____ B.P. _____
Benefit: _____ % Max Benefit: _____
Included Compensation: Salary Overtime Bonus Commissions Pension Contribution
Who Pays Premium? ER EE Split Premium (percentage ER pays _____)
Are Benefits Taxable? Yes No
- LTD (Submit Booklet): Carrier: _____ W.P. _____ B.P. _____
Benefit: _____ % Max Benefit: _____
Included Compensation: Salary Overtime Bonus Commissions Pension Contribution
Who Pays Premium? ER EE Split Premium (percentage ER pays _____)
Are Benefits Taxable? Yes No
- ER Sponsored Individual Coverage: Carrier _____ W.P. _____ B.P. _____
Benefit: _____ per month
Who Pays Premium? ER EE Split Premium (percentage ER pays _____)
Are Benefits Taxable? Yes No

Case Design:

Premium Payer for Proposal Individual Coverage: ER-Pay All EE Pay All

Split Premium (percentage ER pays) _____

Proposed Income Sources Covered (Ex: Salary, Bonus, Commissions, Pension Contribution) _____

Benefit Amount Requested _____

WP _____ BP _____ Def of Disability _____

Riders: L/T Residual/ST Residual/Partial _____

SIS COLA ADL

Competition:

Describe any competing offer - attach copy if available: _____

Marketing Plan:

This coverage will replace supplement existing STD LTD plan

Desired effective date: _____

Describe marketing plan: _____

Submit the following documents to: LEADING EDGE DI CENTER

- This proposal request form
- STD/LTD Booklets
- Census, with following information (Please submit census in electronic format):

- Date of Birth
- Sex
- Smoker Status
- Job Duties
- Salary (2 years, if possible)
- Bonus (2 years, if possible)
- Commission (2 years, if possible)
- Employee Contribution to Retirement Plan

e-mail: Ledc@leadingedgefinancial.net
 Fax: 1-985-624-2661
 Attn: Melinda Evans