

Flex Plans: Request for Proposal (RFP)



**Required Fields*

I. BROKER INFORMATION

Brokerage Name:* _____

Address: _____ City: _____ State: _____ Zip: _____

Broker Name:* _____ Broker Email:* _____

Broker Phone Number:* _____ Broker Fax Number: _____

II. EMPLOYER INFORMATION

Employer Name:* _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name:* _____ Contact Email: _____

Contact Phone Number:* _____ Contact Fax Number: _____

III. PRODUCT INFORMATION

Please indicate which Flex Plans you are interested in: (Check all that apply)

NOTE: Separate proposals are distributed for each product you indicate below.

- | | |
|--|---|
| <input type="checkbox"/> Cafeteria Plan (Bundles FSA, NDT & POP) | <input type="checkbox"/> Federal COBRA |
| <input type="checkbox"/> Flexible Spending Accounts (FSAs) | <input type="checkbox"/> Health Reimbursement Arrangements (HRAs) |
| <input type="checkbox"/> Non-Discrimination Testing (NDT) | <input type="checkbox"/> Health Savings Accounts (HSAs) – Employer-Based Solution |
| <input type="checkbox"/> Premium Only Plan (POP) | <input type="checkbox"/> Transit/Parking Reimbursement Accounts (TRAs) |

IV. PLAN SPECIFICATIONS

Number of benefit-eligible employees:* _____

Requested effective date:* _____

Please provide any additional data or comments regarding the needs of this employer:

Please send the completed RFP form via email or fax to flexquotes@flexiblebenefit.com or 847-699-6906. For questions, please call 866-472-0882 or visit us online at www.flexiblebenefit.com.