

NATIONAL WORKSITE BENEFITS
 1035 West Glen Oaks Lane, Suite 200 - Mequon, WI 53092
 Phone: (800) 840-4692 - Fax: (262) 241-6106 - www.nationalworksite.com

REQUEST FOR PROPOSAL

For State Approval Matrixes or Supply Orders: www.trustmarkins.com/nwb , ID: nwb , Password: protector

Date Submitted:	Date Needed:
------------------------	---------------------

AGENT INFORMATION:
Agent / Broker Name:
Agency Name:
Address:
City / State / Zip Code:
Phone Number:
Fax Numbers:
Presented By: (Name(s) to appear on Proposal)
Number of Copies:

EMPLOYER INFORMATION:				
Employer Name:				
Address:				
City / State / Zip Code:				
Contact Name:				
Contact Name Title:				
Nature of Business:	SIC Code:			
Other Locations:				
Total No. of Employees:	Male:	Female:		
Payroll Mode:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly

Proposal(s) should be mailed to:				
<input type="checkbox"/> Faxed	<input type="checkbox"/> Mailed	E-mail Address:		
Proposal will be mailed UPS Ground, if you need faster service please supply the following:				
<input type="checkbox"/> Overnight	<input type="checkbox"/> 2 Day	Carrier: (UPS, Fedex, Airborne)		
Account #:				

NATIONAL WORKSITE BENEFITS REQUEST FOR PROPOSAL Continued...

Trustmark Premier Protector Universal Life

<input type="checkbox"/>	Full Proposal (Sales Kit and Underwriting Guidelines)	Underwriting Guidelines Only
Choice Product Options:		
<input type="checkbox"/>	Death Benefit Option A <small>(Level Death Benefit)</small>	Death Benefit Option B <small>(Increasing Death Benefit)</small>
<input type="checkbox"/>	Target Death Benefit	High Death Benefit <small>(Maximum Death Benefit)</small>
Riders:		
<input type="checkbox"/>	Long Term Care / Home Health Care Rider	Restoration of Benefits Rider
<input type="checkbox"/>	Extension of Benefits Rider	Combo Rider
<input type="checkbox"/>	Critical Illness Rider	Loss of Work/Strike Rider

Trustmark Protector 15 Year Term Alternative

<input type="checkbox"/>	Full Proposal (Sales Kit and Underwriting Guidelines)	Underwriting Guidelines Only
--------------------------	---	------------------------------

LifeEvents

<input type="checkbox"/>	Full Proposal (Sales Kit and Underwriting Guidelines)	Underwriting Guidelines Only
--------------------------	---	------------------------------

Trustmark Premier Protector Critical Illness

<input type="checkbox"/>	Base Plan	
<input type="checkbox"/>	Return of Premium Rider <u>With</u> Surrender Value	20 Pay Plan
<input type="checkbox"/>	Return of Premium Rider <u>Without</u> Surrender Value	
Rates:		
<input type="checkbox"/>	Defined Benefit	Money Purchase

Trustmark Cancer Protector

<input type="checkbox"/>	Base Plan	
<input type="checkbox"/>	Return of Premium Rider <u>With</u> Surrender Value	20 Pay Plan
<input type="checkbox"/>	Return of Premium Rider <u>Without</u> Surrender Value	Critical Illness
Rates:		
<input type="checkbox"/>	Uni-Tobacco	Tobacco/ Non-Tobacco

Trustmark Protector Hospital Indemnity

Plan Design: Daily Benefits							
Hospital Admission		\$50		\$100		\$150	\$200
Emergency Care				\$100			
Outpatient Treatment		\$50		\$100			

NATIONAL WORKSITE BENEFITS REQUEST FOR PROPOSAL Continued...

Trustmark Accident Protector		
	Full Proposal (Sales Kit and Underwriting Guidelines)	Rates Only
Base Plan Accident Death & Dismemberment:		
	\$50,000 EE, \$20,000 SP, \$10,000 CH	\$25,000 EE, \$10,000 SP, \$ 5,000 CH
Additional Riders:		
	Specific Sum	Medical Treatment
	Sickness Disability Benefit Option Choices: Elimination for Sickness: 7, 14, or 30 Day / Benefit Period: 6 Mo. or 1 Yr.	
Daily Hospital Benefit:		
	\$100	\$200

Trustmark Custom Disability Income		
Does the company currently have a Disability Plan in force? (Indicate Choice) <i>If YES, please see Take-Over Cases Requirements – below.</i>		Yes
		No
Employee Paid	Employer Paid Indicate %:	
STD Plan		LTD Plan
STD Benefit %:		LTD Benefit %:
	50% of Gross Salary	50% of Gross Salary
	60% of Gross Salary	60% of Gross Salary
	Other:	Other:
STD Benefit Period:		LTD Benefit Period:
	13 Weeks (3 Months)	2 Year
	26 Weeks (6 Months)	5 Year
	52 Weeks (12 Months)	To Age 65
STD Elimination Period		LTD Elimination Period:
	0 Day Accident / 7 Day Sickness	60 Day (2 Months)
	7 Day Accident / 7 Day Sickness	90 Day (3 Months)
	14 Day Accident / 14 Day Sickness	180 Day (6 Months)
	30 Day Accident / 30 Day Sickness	360 Day (12 Months)
STD Maximum WEEKLY Benefit: \$500.00		LTD Maximum MONTHLY Benefit: \$5,000.00
STD Special Notes:		LTD Special Notes:
All Cases General Information Required:		
Census Including: Gender, Date Of Birth, Salary, & Occupation		
Take-Over Cases Requirements:		
	Current Disability Plan Benefit Booklet	Date Of Disability Claims List
	Claims History (3 Most Recent Years)	Monthly Paid Claims
	Premium Rates & History	Current Participant Census

NATIONAL WORKSITE BENEFITS REQUEST FOR PROPOSAL Continued...

Trustmark Custom Voluntary Term Life										
Does the company currently have a Term Life in force? (Indicate Choice) <i>If YES, please see Take-Over Cases Requirements – below.</i>								Yes		
								No		
Term Life Benefit Design:										
Voluntary Term Life (Employee Paid)					Group Term Life (Employer Paid)					
Multiple Of Salary:		1X		1.5X		2X		2.5X		3X Annual Salary
Variable: Employee Option Up To 3X Annual Earnings										
Flat Amount Of: \$.00 (Please Indicate Benefit Amount or Attach a Schedule)										
Other Benefit Options:										
Accidental Death & Dismemberment				Waiver of Premium			Spouse Life/Dependent			
All Cases General Information:										
Census Including: Gender, Date Of Birth, Salary, & Occupation										
Take-Over Cases Requirements:										
Name of Prior Carrier:					Rates With Prior Carrier					
Paid Premium and Claims History for Previous 3 Years (Death Claims and Open Waiver of Premium Claims)					Current Participant Census (Date Of Birth & Salary/Benefit)					
					Current Life Plan Benefit Booklet/Brochure					

Star Select Dental									
Effective Date Of Plan:		1 Year Rate Guarantee							
		2 Year Rate Guarantee							
Value Plan (A,B Only)		Value Plus Plan (A,B,C Only)			Premier Plan (A,B,C & D)				
Plan Year Deductible:		\$50		\$75		\$100			
Plan Year Maximum:		\$1,000		\$1,500		\$2,000			
Percent Options A/B/C&D		100/80/50		100/50/50		90/70/40		80/80/50	
Options:		Vision				Orthodontics (Premier Only)			
Take-Over Request:									
Name of Current Carrier:									
Voluntary		Group		HMO		PPO		Indemnity	

Best Benefits Discount Card									
Full Proposal					Fulfillment Kit				
Indicate Amount:					Standard \$1.75 per Week				
Custom Design (Vision, Hearing, Chiropractic, Podiatry, Vitamins, Prescription Drugs Discounts)					Add 24 Hour Medical Information Line				
					Add Physician Referral Network				

Legal Club Of America									
Fulfillment Kit									

