



Allied™ Life and Disability Request for Proposal

General Info	Agent Information	Prospect Information	Employee Information
Today's Date: _____ Proposed Effective Date: _____	Agent: _____ Agency Name: _____ Agent#: _____ O/W#: _____ Phone: _____ FAX: _____ Email: _____	Group Name: _____ City: _____ State/Zip: _____ Nature of Business: _____ SIC Code: _____ Current Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of fulltime employees: _____ Are there any EEs in other locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide zip codes for those employees in the census below.

Life	Short-Term Disability		Long-Term Disability		
Fixed Amount Amount \$ _____ (\$10,000 to \$100,000)	Fixed Amount/Wk. Amount \$ _____	Benefit Period <input type="checkbox"/> 13 wks <input type="checkbox"/> 26 wks <input type="checkbox"/> 52 wks*	% of Monthly Salary <input type="checkbox"/> 40%* <input type="checkbox"/> 45%* <input type="checkbox"/> 50%* <input type="checkbox"/> 55%* <input type="checkbox"/> 60% <input type="checkbox"/> 66-2/3%* Maximum available per month: Groups of 10-99 \$10,000 Groups of 2-9 \$6,000	Elimination Period <input type="checkbox"/> 30 Days* <input type="checkbox"/> 60 Days* <input type="checkbox"/> 90 Days* <input type="checkbox"/> 120 Days* <input type="checkbox"/> 150 Days* <input type="checkbox"/> 180 Days* <input type="checkbox"/> 360 Days* If quoting STD & LTD elimination period must coordinate.	Benefit Period <input type="checkbox"/> 2 year * <input type="checkbox"/> 5 year/RBD* <input type="checkbox"/> Age 65* <input type="checkbox"/> Social Security Normal Retirement Age
Multiple of Annual Salary <input type="checkbox"/> 1 times <input type="checkbox"/> 1.5 times <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times	% of Weekly Salary <input type="checkbox"/> 50%* <input type="checkbox"/> 60% <input type="checkbox"/> 66-2/3%* Maximum available per week: Groups 2-9 \$1,000 Groups 10-99 \$1,250 per week	ELIMINATION PERIOD <input type="checkbox"/> 1/8 <input type="checkbox"/> 8/8 <input type="checkbox"/> 1/15* <input type="checkbox"/> 15/15* <input type="checkbox"/> 30/30* Days on which benefits begin for Accident/Sickness	Own Occupation Period Definition <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years* <input type="checkbox"/> 5 years* <input type="checkbox"/> Age 65 **		Integration <input type="checkbox"/> Family <input type="checkbox"/> Primary and Family* <input type="checkbox"/> 70% All Sources*
Optional Dependent Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent Amount: <input type="checkbox"/> \$10,000 spouse/\$2,000 child	AD&D <input type="checkbox"/> YES <input type="checkbox"/> NO		Disability <input type="checkbox"/> Total* <input type="checkbox"/> Partial		

*Available for 10+ groups only.

Name	Sex	DOB or Age	Life Coverage ¹	Class ²	Zip (if differs from employer)	Job Title (for LTD Only)	Salary	Salary Code ³

¹ (I=Individual, S=Self/Spouse, C=Self/Children, F=Family) • ² Please use separate RFPs for each class (to allow for benefit differences) and provide class descriptions. • ³ (W = Weekly, M = Monthly, Y = Yearly Salary)