

# MP+ International Request for Proposal



| PART 1.  |   |   |  |
|--|---|---|--|
| Participating Organization Name:   |   | Authorized Representative Contact:  |  |
| Telephone:   | Fax:  | Email:  |  |
| Street Address:  |   |   | City:  |
| State/Province:  | Country:  | Postal/Zip Code:  | Requested Effective Date:<br><i>(Day, Mo., Yr.)</i>      |
| Nature of Business:  |   | Type of Work Employees Perform:   |  |
| Total Number of International Employees:   | Total Number of Eligible International Employees: | Total Number of U.S. Citizens Included in the International Employee Count:                     | Total Number of Local Nationals Applying:                |
| Is the company/organization a subsidiary or division of a U.S. or Canadian corporation? If Yes, U.S. or Canadian?  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any employees/dependents currently residing in the U.S. or Canada? If Yes, please provide details in census section.   |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you expect the number of employees to vary in the next 12 months? If Yes, please provide details.   |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many covered employees and appointed representatives have been employed for less than 6 months?  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the company currently have or offer medical insurance? If Yes, please provide name of carrier, current and renewal rates, schedule of benefits, and claims experience.  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has another insurance company refused to quote, terminated, or declined to offer coverage to the organization or its participants? If Yes, please provide details.   |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any employees or dependents presently covered under COBRA or other continuation plans? If Yes, please indicate those individuals in the census.  |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If local nationals are applying for coverage, will the employees be travelling outside of their country of residence? If Yes, how often? For how long?   |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PART 2. REQUESTED PLAN BENEFITS  |   |   |  |
| Non-U.S. Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: \$_____ |   |   |  |
| U.S. Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: \$_____     |   |   |  |
| Coverage Plan: <input type="checkbox"/> Standard <input type="checkbox"/> Alternative  |   | Maximum Deductible: <input type="checkbox"/> 2 per Family <input type="checkbox"/> 3 per Family |  |
| Coverage Area <i>(Choose One)</i> : <input type="checkbox"/> Worldwide <input type="checkbox"/> Custom – Please indicate countries covered: _____<br><input type="checkbox"/> Worldwide Excluding* the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore and Taiwan<br><small>*Except 30 days emergency/accident</small>                             |   |   |  |
| Additional Benefits Upon Request: <input type="checkbox"/> Platinum USA Benefit Rider <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Creditable Coverage Offset <input type="checkbox"/> Guarantee Issue for New Employees<br><input type="checkbox"/> Dental   |   |   |  |
| Lifetime Maximum: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$8,000,000 <input type="checkbox"/> Other: \$_____   |   |   |  |
| Life Insurance Benefit: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> 1 x Salary to maximum of \$_____<br><input type="checkbox"/> 2 x Salary to maximum of \$_____ <input type="checkbox"/> 3 x Salary to maximum of \$_____<br><input type="checkbox"/> Other \$_____   |   |   |  |
| Implementation needs: <input type="checkbox"/> Reporting _____<br>_____  |   |   |  |
| <input type="checkbox"/> Enrollment _____<br>_____   |   |   |  |

