

**GEO<sup>SM</sup> Group** *(The Global Employer's Option<sup>SM</sup>)*  
**Request for Proposal**



| PART 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                 |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Participating Organization Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Authorized Representative Contact:                                                              |                                                          |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          | Email:                                                                                          |                                                          |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                                 | City:                                                    |
| State/Province:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country: | Postal/Zip Code:                                                                                | Requested Effective Date:<br><i>(Day, Mo., Yr.)</i>      |
| Industry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | Type of Work Employees Perform:                                                                 |                                                          |
| Total Number of Eligible International Employees:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Total Number of U.S. Citizens Included in Census:                                               | Total Number of Local Nationals Included in Census:      |
| 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 |
| Does the company currently have or offer medical insurance? If Yes, please provide name of carrier, current and renewal rates, schedule of benefits, and three years of claims experience, if available.                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                 | <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"/> Adventure Sports Rider <input type="checkbox"/> Dental <input type="checkbox"/> Platinum USA Benefit Rider<br><input type="checkbox"/> Creditable Coverage Offset <input type="checkbox"/> Daily Hospital Indemnity <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Long-term Disability* <i>(Please submit complete Disability Questionnaire)</i> <input type="checkbox"/> Guarantee Issue for New Employees<br><small>*Disability products are administered and underwritten by Zurich American Life Insurance Company</small> |          |                                                                                                 |                                                          |
| 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 \$ _____ <small>*(2-10 lives, \$10,000 minimum required). Maximum available guaranteed issue is \$100,000.</small>                                                                                                                                       |          |                                                                                                 |                                                          |
| Implementation needs: <input type="checkbox"/> Reporting _____<br><br><input type="checkbox"/> Enrollment _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                                 |                                                          |

