



REQUEST FOR PROPOSAL (RFP)

SHADED AREAS MUST BE COMPLETED

Companion Life Insurance Company • P.O. Box 100102 • Columbia, South Carolina 29202-3102

1-800-753-0404

FAX (803)735-0736

Date	Date Needed
Group Name _____	
City _____ ST _____ Zip _____	
Nature of Business or SIC Code _____	
# of Employees _____	
Requested Effective Date: ____ / ____ / ____	
Current Carrier(s) _____	
Comments or Special Requests: _____	

Please complete all sections applicable to the coverages for which you are requesting a proposal. Complete the other side, or attach census data to this RFP.

Producer's Name as to Appear on Proposal _____

Agency Name _____

Address _____

City _____ State _____ Zip _____

Phone Number: () _____

Fax Rates to: () _____ Attn: _____

Also Fax Rates to: () _____ Attn: _____

Mail Formal to Producer

BASIC COMMISSION: STANDARD % FLAT

OVERRIDE: STANDARD % FLAT

<input type="checkbox"/> LIFE AD&D	<input type="checkbox"/> STD	<input type="checkbox"/> LTD
<input type="checkbox"/> FLAT AMOUNT \$ _____ on all Full-time Employees	<input type="checkbox"/> FLAT AMOUNT \$ _____ / week on all Full-time Employees	<input type="checkbox"/> PERCENT OF EARNINGS _____ % of Earnings to \$ _____ max monthly benefit on all Full-time Employees (STANDARD)
<input type="checkbox"/> MULTIPLE OF EARNINGS _____ x Earnings on all Employees to max of \$ _____	<input type="checkbox"/> PERCENT OF EARNINGS _____ % of Earnings to a max benefit of \$ _____ /week	<input type="checkbox"/> CLASS PLAN (List benefits below.)
<input type="checkbox"/> CLASS PLAN (List benefits below.)	<input type="checkbox"/> CLASS PLAN (List benefits below.)	<input type="checkbox"/> CLASS PLAN (List benefits below.)
Employer Contribution → _____ %	_____ %	_____ %
Current Rate → _____ Per \$1000	_____ Per \$10	_____ Per \$100
Renewal Rate → _____ Per \$1000	_____ Per \$10	_____ Per \$100
LIFE REDUCTIONS	SHORT TERM DISABILITY	ELIMINATION PERIOD
<input type="checkbox"/> 35% at 65, Terminate at 70 or Retirement (Groups of 2 to 9)	_____ day(s) accident	<input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days
<input type="checkbox"/> 35% at 65, 50% at 70, 75% at 75. Terminate at Retirement (Groups of 10+)	_____ days sickness	<input type="checkbox"/> 120 Days <input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	_____ weeks	BENEFIT INTEGRATION
Extended Death Benefit (2-9 Employees)	<input type="checkbox"/> STD Claims Experience Attached (Groups of 100+)	<input type="checkbox"/> Primary and Family (Standard)
Waiver of Premium (10+ Employees)		<input type="checkbox"/> Primary Only
<input type="checkbox"/> Dependent Life Amount		BENEFIT DURATION
Spouse \$ _____		<input type="checkbox"/> To Age 65 RBD
Child(ren) \$ _____		<input type="checkbox"/> 5 Year <input type="checkbox"/> 2 Year
<input type="checkbox"/> Life Claims Experience Attached (Groups of 150+)		OWN OCC DEFINITION
		<input type="checkbox"/> 2 Yr. <input type="checkbox"/> 3 Yr. <input type="checkbox"/> 5 Yr.
		<input type="checkbox"/> To 65
		<input type="checkbox"/> LTD Claims Experience Attached (Groups of 200+)

CLASS DESCRIPTION – employees in the classes below are to be quoted for the benefits listed at right.

DENTAL

DENTAL "CENTS" (2 to 9)

Percent of Premium Paid By Employer:

Single/Employee Only _____ % (25% required)

Family/Employee & Dependents _____ %

PLAN A (100/80/50) \$1000 Max. \$100 lifetime deductible

PLAN B (100/80/50) \$750 Max. \$100 lifetime deductible

TAKEOVER – PRIOR PLAN (for 5 or more)

ORTHODONTIA (for 5 or more Employees who are insuring dependents)

ORTHODONTIA TAKEOVER Yes No

DENTAL BY DESIGN (10 +)
(SEE REVERSE FOR PLAN DESIGN AVAILABILITY AND TO REQUEST A DENTAL PLAN.)

	CURRENT RATES	RENEWAL RATES	VOLUNTARY
Employee	\$ _____	Employee \$ _____	Employee \$ _____
E + 1	\$ _____	E + 1 \$ _____	E + 1 \$ _____
E + 2	\$ _____	E + 2 \$ _____	E + 2 \$ _____
Family	\$ _____	Family \$ _____	Family \$ _____

Percent of Premium Paid By Employer:

Single/Employee Only _____ % (25% required)

Family/Employee & Dependents _____ %

Is this Takeover Coverage? Yes No

If Yes, total years with Current Carrier _____

Claims Experience Attached (Required for Groups of 100+)

VOLUNTARY?

Yes

No

VOLUNTARY?

Yes

No

VOLUNTARY?

Yes

No

STANDARD BENEFIT DESIGNS

For Groups of 10 or More

Services	<input type="checkbox"/> Dental Essentials	<input type="checkbox"/> Dental Choice	<input type="checkbox"/> Dental Select
Program Deductible Per individual Family Limit Waived for Type I Service?	\$125 Lifetime No Limit No	\$100 Lifetime No Limit No	\$100 Lifetime No Limit No
Type I Preventive Services	100% oral exams, cleanings, bitewing x-rays (1 per 12 months)	100% oral exams, cleanings, bitewing x-rays (2 per 12 months) space maintainers, pain treatment, sealants	100% oral exams, cleanings, bitewing x-rays (2 per 12 months) space maintainers, pain treatment, sealants, full mouth x-rays
Type II Basic Services (No Benefit Waiting Period)	80% space maintainers, fillings, pain treatment, sealants, full mouth x-rays	80% full mouth x-rays, fillings, simple extractions, endodontics	80% fillings, anesthesia, simple & surgical extractions, endodontics, oral surgery, periodontics
Type III Major Services (12 Month Benefit Waiting Period)	50% anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges	50% anesthesia, surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges	50% crowns, inlays, onlays, dentures, bridges
Contract Year Maximum	\$1000	\$1200	\$1500
Type IV Orthodontia (Optional) Lifetime Maximum Deductible Benefit Waiting Period	50% \$1,000 None 12 months	50% \$1000 None 12 months	50% \$1000 None 12 months
Takeover Benefit Fewer than 25 employees 25 or more employees	Standard Preferred	Standard Preferred	Standard Preferred

PROPOSE STANDARD BENEFIT DESIGNS – NO OPTIONS

AVAILABLE DESIGN OPTIONS	Dental Essentials	Dental Choice	Dental Select
Change Coinsurance	<input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50	<input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50	<input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50
Deductible Options			
Change Lifetime Deductible	<input type="checkbox"/> \$100	N/A	N/A
Contract Year Deductible per Individual Limit Per Family Waive Deductible for Type I Services? (N/A for Lifetime Deductible)	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of Cleanings / Exams / X-Rays	<input type="checkbox"/> 2 per 12 months	<input type="checkbox"/> 1 per 12 months	<input type="checkbox"/> 1 per 12 months
Add a Type II Waiting Period Six Month Wait for Fillings only	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes
Change the Type III Waiting Period	<input type="checkbox"/> 24 months	<input type="checkbox"/> No Waiting Period <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months	<input type="checkbox"/> No Waiting Period <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months
Change the Contract Year Maximum	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1200	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$1200 <input type="checkbox"/> \$2000
Change the Orthodontia Option Orthodontia Lifetime Maximum Orthodontia Waiting Period	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2000 <input type="checkbox"/> 24 months	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2000 <input type="checkbox"/> 24 months	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2000 <input type="checkbox"/> 24 months
Enhanced Takeover Option (Groups 25+ only) (Groups of 25-99 require 75% employee participation)	N/A	<input type="checkbox"/> Enhanced Takeover	<input type="checkbox"/> Enhanced Takeover
Change the Premium Rate Structure (Standard is Three Tiers)	<input type="checkbox"/> Two Tiers <input type="checkbox"/> Four Tiers	<input type="checkbox"/> Two Tiers <input type="checkbox"/> Four Tiers	<input type="checkbox"/> Two Tiers <input type="checkbox"/> Four Tiers

Your proposal will always include rates for the 3 Standard Benefit Designs. If no options are requested, please check the box "Propose Standard Benefit Designs – No Options." To request a Custom Benefit Plan, select one of the three Standard plans and select any changes to the Standard Benefit Design from the "Available Design Options" for that Plan.



Your *dental by design* Proposal

Thank you for reviewing this information about the new *dental by design* portfolio from Companion Life. This program of employer-funded Dental plans offers real flexibility and great sales potential and we want to make sure that we clearly communicate how this unique portfolio works.

Every time you request a *dental by design* proposal, you will receive rates for the three Standard Benefits Designs — Dental Essentials, Dental Choice, and Dental Select — based on your prospect's demographics. Your Request For Proposal (RFP) form shows the numerous Design Options available for each of these standard plans. If you don't select any Design Options, your proposal will show rates and benefits for only the three standard plans. If you do select some of the Design Options available for one of the standard plans, your requested plan design will appear as the "Requested Design" on the proposal.

The proposal also includes complete information about our new Takeover Provisions and clear definitions for dental services and procedures.

We hope you'll agree that your new *dental by design* portfolio is "tailor made" to meet your marketing needs. Please call for more information — or a proposal — today!

Group Marketing
(800) 753-0404
(800) 836-5433 (Fax)

dental by design

IMPORTANT INFORMATION

FREEDOM OF CHOICE

This Dental program from Companion Life provides total access to **any dentist**, giving your employee the freedom to choose a provider and needed services. Benefit payment allowances vary, depending on the area in which the services are rendered.

PLAN DESIGN

Dental by Design offers three basic benefit design platforms from which to choose. A wide range of program alternatives is available to build a benefit package to meet the individual needs of any employer group. Choose from a large selection of options for deductibles, waiting periods, benefit maximums, coinsurance, takeover benefits and much more.

TAKEOVER PROVISIONS FOR DENTAL BENEFITS

Standard Takeover – An employee's waiting period will be reduced by the amount of time insured under the prior plan for similar coverages. The current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. All waiting periods will apply to future new employees.

Preferred Takeover – The waiting period(s) for existing employees **including those who haven't been there for 12 months** will be waived. All waiting periods will continue to apply to future new employees. The current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan.

Enhanced Takeover (Optional) – Groups of 25 or more enrolled employees may elect to have the waiting period(s) waived for existing employees **including those who haven't been there for 12 months and also for all future new employees**. The current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. This option is only available with the Dental Choice and Dental Select benefit design platforms. The employee participation requirement is the greater of 25 enrollees or 50% of all eligible employees.

DEFINITIONS

Endodontics – The treatment of pathological conditions within the pulp chamber of a tooth or involving the root of a tooth; includes root canal procedures.

Oral Surgery – Operative procedures performed in and about the oral cavity and jaws that are not performed in connection with periodontic and endodontic surgical procedures.

Periodontics – The treatment of diseases of the tissues surrounding and supporting the tooth. It includes the gingiva (gum tissue), cementum, alveolar (supporting) bone, root planing and periodontal cleaning.

Preventive Services – Oral examinations and cleanings are covered.

Simple Extraction – Uncomplicated removal of a tooth; not a cutting procedure.

Surgical Extraction – Removal of a tooth by means of surgical methods, usually involving the turning of a gingival flap or removal of bone.

X-rays – Bitewing X-rays
Full mouth or Panorex X-rays