

California DENTAL



Request For Proposal

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www.caldental.net, or e-mail marketing@caldental.net

1. Name of Prospect _____

2. Location(s) _____ Zip Code(s) _____

3. Nature of Business _____ SIC Code _____

4. Are you currently the agent/broker? Yes No

5. Does prospect currently have dental coverage? Yes No If Yes:

A. What is/are the current plan(s)? (Please include Benefit Summary)

Prepaid _____

B. **Prepaid Rates:**

Current Employee _____ EE+Spouse _____ EE+Children _____ Family _____

Renewal Employee _____ EE+Spouse _____ EE+Children _____ Family _____

6. Total # of EE's _____ # of Eligible EE's _____ # of Participating EE's _____

Prepaid # EE _____ #EE + Spouse _____ # EE + Child(ren) _____ # Families _____

7. What percentage of the employee premiums is the employer contributing? _____%

8. What percentage of the dependent premiums is the employer contributing? _____%

9. **Requested Coverage:**

Prepaid Plan # and/or benefits _____

10. Requested Effective Date _____ 11. Date Needed By (Deadline) _____

11. Your agent name _____ Phone # _____ Fax # _____

E-mail address (If you would like the quote e-mailed) _____