



**Protected Profits
Insurance Services Inc.**
CA License No. 0708950
An Employee Benefits Firm

REQUEST FOR PROPOSAL -- company specifications

company name: _____	contact name: _____
address: _____	phone: _____
_____	fax _____
county: _____	email: _____
type of industry: _____	how long in business: _____
# of employees: _____	employer contribution to EE Premium: _____
# of employees outside CA: _____	employer contribution to dep Premium: _____
# of employees on cobra: _____	

Benefit Plan Requested: _____

Requested Effective Date: _____

Life, AD&D amount

Medical HMO PPO POS

Dental

Vision

Short Term Disability

Long Term Disability

Employee Assistance Plan

Section 125 Premium Only Flexible Spending Account

additional comments/special requests: _____
