

Mutual of Omaha
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 Los Angeles, CA 90064
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Proposal Request

Group Name			Broker Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Industry or SIC Code			Phone		Fax
# of Yrs. In Bus		Effective Date	E-mail		License#

Company Census

Employee	Sex	Age/DOB	Spouse	# of Children	Zip Code	PPO/HMO	COBRA Y/N
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Dental

Blue Cross Dental
 Delta Dental
 Health Net Dental & Vision
 Smile Saver
 Western Dental

General Information

Virgin Group? _____
 Current Carrier: _____
 Current Premium: \$ _____
 Life Amount \$ _____

Medical Plans

<input type="checkbox"/> All Plans	<input type="checkbox"/> Universal Care
<input type="checkbox"/> Blue Cross	<input type="checkbox"/> Employer's Choice
<input type="checkbox"/> Health Net	<input type="checkbox"/> Aetna
<input type="checkbox"/> Pacificare	

Workers' Comp

Fremont
 State Fund

Employer Contribution:

EE _____ %
 DEP _____ %

Receiving Opt.

<input type="checkbox"/> Mail	<input type="checkbox"/> Deliver
<input type="checkbox"/> Fax	<input type="checkbox"/> Pick-Up
<input type="checkbox"/> E-mail	

Renewal Date _____