Northwest Employers Trust
Proposal Request

Broker Submitting Request: _____

Email: _____

Fax: _____

Phone: _____

Group Information

Requested Effective Date: _____

Company Name: _____ **City/Zip Code:** _____

Contribution: EE: _____ % Dep: _____ % **Industry/SIC:** _____

Current Medical Carrier: _____

Present Plan Info:

Deductible: _____
Office copay: _____
OOP _____
RX copay _____

Email RFP to:
lct@thompsonspears.net
wws@thompsonspears.net
dexter@thompsonspears.net

Fax RFP to:
425-452-8418

Medical Rates:	**Current**	**Renewal**
EE		
ES		
EC		
FAM		

Current Dental Carrier: _____

	Census Information					
	Employee	M/F	Date of Birth	If Covered Spouse DOB	# Covered Children	Zip Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						