



National Association of Socially Responsible Organizations

PROPOSAL REQUEST FORM

We are at your service
 Robert Gaw
 Phone: 800-638-8113
 Fax: 800-562-8588

643 Moody Street
 Waltham, MA 02453
 info@nasro-co-op.com
 Web: www.nasro-co-op.com

Requesting rate quote for the following types of insurance (

Medical	
Dental	
Vision	
Term Life	
Long and/or Short Term Disability	
Other, Specify	

I. COMPANY INFORMATION

Company Legal Name	
Street Address	
City, State, Zip	
County	
List Cities If Other Locations	
Phone #	
Fax #	
e-mail	
Legal Status (C-corp,S,Partnership,LLC,Other)	
FEIN# (TIN)	
Nature of Business (or SIC if known)	
Contact Person	
Title of Contact Person	
Contact Person Phone & best time to call	
Current Carrier(s)	
What portion of premium will/does employer pay?	
Desired Effective Date	

NASRO in some states has it's own group health plan, in other states it is actively developing our own group plan AND in all states works with a socially responsible broker to make sure you receive the most cost effective plan. Please " " below all of the services you want from NASRO:

<input type="checkbox"/>	Do not have insurance – need information
<input type="checkbox"/>	Want to check the accuracy of current carrier quote(s)
<input type="checkbox"/>	Looking for quotes and appoint NASRO as our broker of record for quotes provided

II. CENSUS INFORMATION

Code for both employees eligible for benefits and those not eligible for benefits. This information is used to determine whether you are a "small employer" and eligible for small employer plans and whether enrollment meets carrier requirements. Use this form or send an EXCEL/electronic file. **Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Carriers always reserve the right to request and inspect records to verify eligibility.

	Employee Name	G E N D E R	Home Zip	Date of Hire	Date of Birth or Age	Spouse Date of Birth or Age	Coverage	Employee Status		Salary (if and only if you want a Disability Insurance or a multiple of salary Life Insurance quote)
							Code one: E - employee-only ES - ee&spouse EC - ee&child ECC - ee&children F- ee&sp&child/chrn SW-using spouses ins D-declined coverage X - not eligible **	P L A N	"F" if Full-Time; "C" if COBRA	
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** The "X" category, i.e., non-eligible or excluded, could include any of the following: part-time, temporary, seasonal, non-W2 individuals (except the owner), those on LTD (long-term-disability), retirees whether early or not, volunteers, those on Medicare, those on Medicaid, those on CHAMPUS-Tricare, those in the Federal Employees Program, etc. PLAN column is used if more than one plan is currently available to employees.