



*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

NASRO's insurance broker is Actuarial Brokers Insurance Agency (ABI) of Rockville, Maryland

**Requesting rate quote for the following types of insurance (place an "x" and enter any special considerations)**

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

**I. COMPANY INFORMATION**

Company Legal Name	
Legal Street Address	
Legal City, State, Zip	
County	
List Other Primary Business Location(s)	
Phone #	
Fax #	
e-mail	
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)	
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 ABI, a socially responsible broker to make sure you receive the most cost effective plan. Please "x" below all of the services you want from NASRO-ABI:**

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

## 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/Initials  (Per HIPAA regulations, first and last name are not required)	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: 1 - employee-only 2 - ee&spouse 3 - ee&child 4 - ee&children 5 - family 6 - using spouses ins 7 - declined coverage 8 - not eligible **	P L A N	“F” if Full-Time “P” if Part-Time “C” if COBRA “R” if Retired	Average Weekly Hours Worked	
1										
2										
3										
4										
5										
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25										

\*\* The not-eligible category could include any of the following: new employees still in their waiting period, 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.