DiBuduo & DeFendis Insurance Brokers
6873 N. West, #101 Fresno, CA 93711
Phone: (559) 432-0222
(800) 284-8247
Fax: (559) 437-6743
E-Mail Contact: cpeters@dibu.com
License: #0243420

DiBuduo & DeFendis
INSURANCE BROKERS, LLC

SMALL GROUP MEDICAL PROPOSAL REQUEST

Name of Employer:	
Address:	

Contact Person:		**Title:**
Phone: ( )	**Fax: ( )**	**E-Mail:**
SIC Code or Nature of Business:		
D&D Agent Name:		
Contribution by Employer to premium is:	**% of EE Cost**	**% of Dependent Cost**
Type of Employer: ☐ **S Corp** ☐ **C Corp** ☐ **Sole Prop** ☐ **Partnership** ☐ **L.L.P**		

Requested Effective Date:	**# of Full Time Employees:**	**# of Employees Covered on Current Plan:**	**Years in Business:**

Current Insurance Carrier:	**Years with Current Carrier:**
Anniversary Date with Current Carrier:	**Approximate Current Monthly Premium:**
Current Risk Adjustment Factor (R.A.F.):	

Current/Requested Benefit Information: **PPO** ☐ **HMO** ☐ **HSA** ☐ **HRA** ☐

Dual Choice **YES** ☐ **NO** ☐

If currently insured, please indicate plan name(s) or attach current benefits – if no current coverage, please indicate preferences:

Deductible:	**Office Visit Copay:**	**RX Generic Copay:** **RX Brand Name Copay:** **Brand RX Deductible:**
PPO Coinsurance %:	**Out of Pocket Max:**	**Hospital Copay:**

Comments/Additional Instructions:

DiBuduo DeFendis
INSURANCE BROKERS, LLC

CENSUS INFORMATION

Name of Employer: _____

City: _____ **Zip:** _____

Requested Effective Date: _____

Medical Coverage Status
(EE,ES,EC,EMC or EF) for Employee:
EE = Employee Only
ES = Employee / Spouse
EC = Employee / Child
EMC = Employee / Children
EF = Employee / Family

Enter dependent information for each employee on the line(s) following their employee information:
SP = Spouse
CH = Child

	First Name	Last Name	DOB or Age	Home Zip Code	Gender	
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