



Proposal Request for members of the Rhode Island Association of REALTORS®

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Nature of Business or SIC code \_\_\_\_\_

Contact person \_\_\_\_\_

I am interested in:

- All Health Plans
- Tufts Health Plan
- Blue Cross Blue Shield
- United HealthCare
- All Dental
- Delta
- Assurant
- Ancillary
- Group Life, STDI, LTDI
- Section 125 Plan
- Long Term Care
- Life Insurance
- Other



List ALL full-time employees working 30 or more hours per week (Owners Included)

Employee	DOB	Individual (I) Dual (D) Family (F)	Home Zip code	Covered By Spouse Y/N	Complete for Life, STD & LTD			
					Annual Salary	Gender	Title	Group Life Benefit Amount

REQUESTED EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_

Notes \_\_\_\_\_

Please contact us:

Health Services Administrators: 2220 Plainfield Pike, Cranston, RI 02921  
P: (401) 942-0966 Linda x101 or Annette x104 F: (401)944-3586  
[LGlew@mbagroup.com](mailto:LGlew@mbagroup.com) [Amatrone@mbagroup.com](mailto:Amatrone@mbagroup.com)