



QUALITY SERVICE TO THE COMMUNITY SINCE 1980

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www.ciainsagency.com/missionary.htm



INTERNATIONAL MEDICAL GROUP

MP+INTERNATIONAL REQUEST FOR PROPOSAL

Mission Name Telephone
Street Address Contact Person
City State Country Postal Code
Desired Effective Date
What is the employee and/or self-employed filing status with the IRS?
(Benefit Plans Desired)
HIPAA compliant for appointed representatives
Deductible Requested
Life Insurance
Agency Agent Name Agent #
Address City State Country
Telephone Fax Email
Does applicant presently have group medical insurance?
Total number of full-time and part-time employees
Member Category
Has another insurance carrier refused your group?
How many covered employees & appointed representatives have been employed less than six months?
Do you expect the number of covered persons to vary by more than 10% during the next 12 months?
Does your group offer COBRA?
Are any covered persons presently on COBRA?



