

PROPOSAL REQUEST

FAX to Proctor and Company: 508-653-3557 or email support@proctorandcompany.com

Company Name: Insurance Carrier:		SIC Code/Industry:Plan Name(s):		
Current Rates: Single	Employee + 1	Family		
Employer Contribution: Single	Employee + 1 _	Family		

Employee Name	Gender	Date of Birth	E/ES/EC/ESC Waive/COBRA*	Home Zip Code	Annual Salary	Job Title
Employee Name	Gender	ыш	Walve/COBRA	Zip Code	Salary	Job Title
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ES = Employee + Spouse Only

EC = Employee + Child(ren)

ESC = Employee Spouse + Child

Annual Salary and Job Title information is only required when quoting Life and Disability.