



Client Name: _____

Benefit Program Effective Date: _____

Medical & Ancillary
Benefit Allowance Program (BAP) = Employer Investment

Ancillary ("whens in life") Benefit Bundles* to select from:

<p>Silver Bundle:</p> <p><input type="checkbox"/> \$25,000 Life Insurance Benefit \$2,500 PPO Dental Benefit Vision Benefits Employee Assistance Program (EAP) College Tuition Benefit</p> <p>Approx BAP/Employer Investment per Employee: \$27.73</p>	<p>Gold Bundle: (MOST POPULAR)</p> <p><input type="checkbox"/> \$50,000 Life Insurance Benefit \$2,500 PPO Dental Benefit Child Orthodontia \$1000 Vision Benefits Employee Assistance Program (EAP) College Tuition Benefit Healthiest You Virtual Healthcare</p> <p>Approx BAP/Employer Investment per Employee: \$39.14</p>	<p>Platinum Bundle:</p> <p><input type="checkbox"/> \$50,000 Life Insurance Benefit \$2,500 PPO Dental Benefit Child Orthodontia \$1500 Vision Benefits Employee Assistance Program (EAP) College Tuition Benefit Healthiest You Virtual Healthcare Short Term Disability / Sick Leave Plan Pays 1st day accident Pays 8th day sickness Pays for 26 weeks @ \$200 per week</p> <p>Approx BAP/Employer Investment per Employee: \$46.43</p>
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Healthcare Benefit Options* to select from:

<p><input type="checkbox"/> Bronze: \$220 per FT employee per month</p> <p><input type="checkbox"/> Silver: \$260 per FT employee per month</p>	<p><input type="checkbox"/> Gold: \$340 per FT employee per month (MOST POPULAR)</p> <p><input type="checkbox"/> Platinum: FULL amount of FT employee cost</p>
<p>Payroll Frequency: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Semi-Monthly <input type="radio"/> Monthly</p>	

Employer Signature _____

Agent Signature _____

Date _____

*Rating subject to industry, location and demographics
 *Average national employer contribution amount is \$252 per employee per month
 *Tax deductibility is based on BAP amounts only and not payroll deductions
 *Applicable Large Employers (ALE) are subject to 9.86% "Affordability Testing"

