

CBIZ M.T. Donahoe FSA

Proposal Request Form

(Please complete with as much information as possible and return via fax or e-mail)

Fax to: **1-800-231-4158**

Email: mtdquoting@cbiz.com

Questions: call 1-800-231-1559

- FSA Plan Administration
- Premium Only Plan
- HRA Plan Administration

- COBRA Administration
- Retiree Billing Administration
- Other _____

Required Information

Prospect Company Name: _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Start Date: _____ # Office locations/states: ____/____ # Payroll systems reporting: _____

Eligible employees: _____ # of EE's on health/dental: ____/____ business/industry: _____

C Corp. S Corp. Partnership Sole Proprietor Non Profit _____

Current FSA / HRA Enrollment and/or COBRA Activity

For FSA/HRA: Plan Renewal Date: _____ How Administered? In House Outsourced to _____

Participant Information: # EE's in Medical Accounts: _____ # EE's in Dependent Care Accounts: _____

Does your plan offer the 2-1/2 month Grace Period? _____

Payroll Provider? In House Outsourced to _____ **Payroll Frequency:** _____

For COBRA: # of current COBRA continuants _____ Average # of monthly "qualifying events" _____

How Administered now? In House Outsourced to _____ **For Retiree Billing:** # of retirees _____

If you are a Broker or Consultant Please Complete This Section

Broker/Consultant Name: _____ Broker Company: _____

Telephone: _____ Fax: _____ email: _____

Address: _____

Need Proposals By: _____ Deliver Proposal To... Broker Prospect

Additional Comments: _____
