

Disclaimer



Insurance can be effective only after the underwriting department receives and reviews your application with the legal department, which can take 3 to 5 business days.

Underwriting department and legal department are open during regular business hours from Monday through Friday.

By submitting this paper application, you acknowledge and agree that:

- Back dated applications are not possible.
- Insurance coverage is not guaranteed to be approved for every person that submits the application.
- You hold Insubuy and the writing agent (if any) harmless and relieve us from any liability because of this.

If the above terms are not acceptable to you, please do not submit the application.

If you need to purchase the insurance urgently, please call our office at +1 (866) INSUBUY or the writing agent to confirm, before sending the application.



MP+ International Request for Proposal

PART 1.			
Participating Organization Name:		Authorized Representative Contact:	
Telephone:	Fax:	Email:	
Street Address:			City:
State/Province:	Country:	Postal/Zip Code:	Requested Effective Date: <i>(Day, Mo., Yr.)</i>
Nature of Business:		Type of Work Employees Perform:	
Total Number of International Employees:	Total Number of Eligible International Employees:	Total Number of U.S. Citizens Included in the International Employee Count:	Total Number of Local Nationals Applying:
Is the company/organization a subsidiary or division of a U.S. or Canadian corporation? If Yes, U.S. or Canadian?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any employees/dependents currently residing in the U.S. or Canada? If Yes, please provide details in census section.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect the number of employees to vary in the next 12 months? If Yes, please provide details.			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many covered employees and appointed representatives have been employed for less than 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company currently have or offer medical insurance? If Yes, please provide name of carrier, current and renewal rates, schedule of benefits, and claims experience.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has another insurance company refused to quote, terminated, or declined to offer coverage to the organization or its participants? If Yes, please provide details.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any employees or dependents presently covered under COBRA or other continuation plans? If Yes, please indicate those individuals in the census.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If local nationals are applying for coverage, will the employees be travelling outside of their country of residence? If Yes, how often? For how long?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PART 2. REQUESTED PLAN BENEFITS			
Non-U.S. Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: \$_____			
U.S. Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: \$_____			
Coverage Plan: <input type="checkbox"/> Standard <input type="checkbox"/> Alternative		Maximum Deductible: <input type="checkbox"/> 2 per Family <input type="checkbox"/> 3 per Family	
Coverage Area <i>(Choose One)</i> : <input type="checkbox"/> Worldwide <input type="checkbox"/> Custom – Please indicate countries covered: _____ <input type="checkbox"/> Worldwide Excluding* the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore and Taiwan <small>*Except 30 days emergency/accident</small>			
Additional Benefits Upon Request: <input type="checkbox"/> Platinum USA Benefit Rider <input type="checkbox"/> Other: _____ <input type="checkbox"/> Creditable Coverage Offset <input type="checkbox"/> Guarantee Issue for New Employees <input type="checkbox"/> Dental			
Lifetime Maximum: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$8,000,000 <input type="checkbox"/> Other: \$_____			
Life Insurance Benefit: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> 1 x Salary to maximum of \$_____ <input type="checkbox"/> 2 x Salary to maximum of \$_____ <input type="checkbox"/> 3 x Salary to maximum of \$_____ <input type="checkbox"/> Other \$_____			
Implementation needs: <input type="checkbox"/> Reporting _____ <input type="checkbox"/> Enrollment _____			

