

# Premium Saver RFP Form



**BROKER SERVICES**

A division of Morgan White Group

500 Steed Road  
Ridgeland, MS 39157

## Group Information

Employer Name		Telephone	
Employer Address	City	State	Zip
Nature of Business			
Agent Name		Renewal Date	
Agent Email		Telephone	

## Medical Plan Information

	Current Medical Plan			Alternate Medical Plan		Alternate Medical Plan	
Medical Carrier							
Deductible Amount							
Deductible (Embedded/Non-Embedded)							
Coinsurance							
Coinsurance Amount							
Maximum Out of Pocket (MOOP)							
Doctor Copays							
Drug Copays							
Drug Deductible Amount							
Per Admission Copays							
	# Employees	Current Rates	Renewal Rates	# Employees	Rates	# Employees	Rates
Employee							
Employee and Spouse							
Employee / Child(ren)							
Family							
Monthly Total							

Premium Saver Plan Design (please enter the plan design you want quoted)

Effective Date:	Plan Option 1	Plan Option 2	Plan Option 3
Deductible Amount (Per Person)			
Deductible (Embedded/Non-Embedded)			
Deductible Type (Calendar/Plan Year)			
Coinsurance Percentage			
Coinsurance Amount (Excludes Deductible)			
Premium Saver Benefit Amount			
Per Admission Copays Covered			
Physician Rider *			
Drug Rider *			
Drug Annual Max			
Agent Commission			

\*Not available in All States.

Allow 24-48 hours for proposals.

Comments/Additional Requests

Email completed form to:  
brokerservices@morganwhite.com  
If you have any questions, please contact MWG Broker Services at 877-759-5728