



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts Request for Proposal

Broker Name* _____

Broker Agency* _____

Company Name* _____

Company Address* _____

Nature of Business* _____

Total # of Employees* _____ # of FT

Current Carrier _____

Renewal Rates _____

Current Plan _____

Requested Tier _____

*2tier (ind/fam); 3tier (ind/2prty/fam); 4tier (ind/ee&child(ren)/ee&spouse/fam)

Please use census form below to enter census information * Required Field (zip code or state is okay)

S = Single/Individual Coverage; F = Family/2 or more person coverage; W = Waiving Coverage

First Name	Last Name	* Date of Birth	Age	* State	Zip Code	Medical Coverage	Dental Coverage
<i>John</i>	<i>Example</i>	<i>2/24/1953</i>	<i>57</i>	<i>MA</i>	<i>02115</i>	<i>F</i>	<i>W</i>

