



REQUEST FOR PROPOSAL

Date: _____

Employer/Customer name: _____

Contact name: _____ Phone: _____ Email: _____

Contact relationship: Client Broker Other: _____

Product: Benefit Guide: Paper Web* Wallet Card

*Web links: Benefit Videos Email addresses Web addresses Drug Formulary Provider Network

Benefits to be included:

- Life Voluntary Life
 Medical HMO PPO Indemnity
 Dental HMO PPO Indemnity Direct Reimbursement
 FSA Debit Card Child Care
 Short Term Disability Long Term Disability Critical Illness Long Term Care EAP Cancer HRA HSA 401(k)
 403(b) Adoption Assistance Hearing Travel-Accident Group Legal Group Auto/Homeowners Vacation/Sick Time

Other: (list)

- 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

- Include Employer logo
 For benefit guide, include letter from employer Include employer signature for letter
 Include custom cover
 Employee Benefit News analyze and suggest benefit details Number of benefits _____
 Include Premiums paid by employees Include Rate tables where appropriate

Desired delivery date: _____ Desired Quantity: _____

Ordering Information:

Process:

- 1. Employee Benefit News provides a template for providing the benefit information.
2. Employee Benefit News shall provide one (1) electronic PDF proof to Contact. Customer/Contact must provide a single marked-up proof with any changes requested. Such marked-up proof shall be forwarded by email to bb@benefitstream.com or faxed to 1-866-861-5462. Employee Benefit News shall provide a final PDF for approval by Customer or Contact. Any further changes will require a design change fee of \$125 per hour. Once Customer/Contact provides an affirmation in writing that the product is "approved to print", or in the case of the web-version—"approved to release", no further changes can be made. Customer/Contact acknowledges that any changes after the product is printed will incur substantial re-printing charges, in addition to design fees.

Payment Terms:

- If order is over \$2,000 then 50% of the Price is due upon acceptance of this estimate. If order is under \$2,000 then 100% of the Price is due upon acceptance of this estimate. No work can begin until payment is received.
• Checks should be made payable to "BenefitStream" and mailed to Employee Benefit News, 929 Cove Road, Suite A, Jasper, GA 30143.
• Any changes or additions to the design, including adding or subtracting benefits may incur additional design fees at \$125 per hour, in addition to possible printing and shipping price increases.

Shipping Address:

Contact: _____

Address1: _____

Address2: _____

City: _____ St: _____ Zip: _____

Please complete the information on this form and scan and email to bb@benefitstream.com or fax to 866-861-5462.