



Request for Proposal

Producer Name	Producer Agency
Producer Phone Number	Producer Fax Number
Producer Email Address	Producer Number
Producer's Administrative Contact	Administrative Contact's Email Address
Name of Group	Requested Effective Date
Physical Address of Group—Street and Number (No PO Boxes)	Standard Industrial Code (SIC)
City, State, Zip	Name of Current Carrier

Total Number of Full-time Employees (Those working 24 or more hours per week)	
Number of Part-time Employees	
Number of COBRA Continuees	

Please attach Census Data (preferably in Excel format). Information should include employee name, date of birth, gender, and coverage type (Employee only, Employee & Spouse, Employee & Child(ren), or Employee and Family).

NOTE: APPLICATIONS WITH COMPLETED HEALTH STATEMENTS ARE REQUIRED TO SECURE A "FIRM" QUOTE. Applications may be obtained from the OSMA Health website: www.osmahealth.com.

Please fax, mail, or email your Request for Proposal, Applications, and Census Data Form to:

Frates Benefit Administrators
Attn: Dennis Grubbs

Telephone: (405) 290-5674
Marketing Fax: (405) 290-5771
Email: dgrubbs@fba-tpa.com

Mailing Address: 13439 Broadway Ext Suite 110
Oklahoma City, OK 73114

Physical Address: 13439 Broadway Ext Suite 110
Oklahoma City, OK 73114