Konecny Insurance Services - Request for Proposal

Businesses owned by one or more persons with common ownership in another company may meet the IRS definition of "common control", which may affect the legal requirements of a benefits plan.   Please notify us if this situation may apply so we can review in more detail to help with compliance.

Company Name	
Company Physical Address	

Executive Name/Title		Email	
Benefits Contact Name/Title		Email	
Employer Tax ID#		Nature of Business	

Total # of Employees	
# of PART TIME employees	
# of FULL TIME employees	
# of employees out of state	

Years in Business

Please attach a copy of your current benefits.

Salary Needed for Life and Disability quotes only.

Coverage Types: Employee Only (E), Employee + Spouse (ES), Employee +Children (EC), Family (EF).

Employee Name or Number	Relationship	Coverage Type	Date of Birth	Gender	Job Title	Salary	Zip Code
	EMPLOYEE						
	SPOUSE						
	DEP 1						
	DEP 2						
	DEP3						
	EMPLOYEE						
	SPOUSE						
	DEP 1						
	DEP 2						
	DEP 3						
	EMPLOYEE						
	SPOUSE						
	DEP 1						
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	DEP 3						
	EMPLOYEE						
	SPOUSE						
	DEP 1						
	DEP 2						
	DEP 3						
	EMPLOYEE						
	SPOUSE						
	DEP 1						
	DEP 2						
	DEP 3						
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