



**BENEFIT COMMUNICATION
REQUEST FOR PROPOSAL**

CONTACT NAME _____ PHONE _____

EMAIL ADDRESS _____

COMPANY NAME _____

BROKER

EMPLOYER

PRODUCT

QUANTITY (min. 100) _____

- BENEFITS-AT-A-GLANCE WALLET CARD
- BENEFITS SUMMARY
- BENEFITS GUIDE
- VIDEO GUIDE
- OTHER/CUSTOM

- INCLUDE EMPLOYER LOGO
- INCLUDE LETTER FROM EMPLOYER
(GUIDE OR SUMMARY ONLY)
- INCLUDE CUSTOM COVER
(GUIDE OR SUMMARY ONLY)
- INCLUDE CUSTOM PHOTOS/COLORS

BENEFITS TO INCLUDE:

- MEDICAL HMO PPO INDEMNITY
- DENTAL HMO PPO INDEMNITY DIRECT REIMBURSEMENT
- LIFE
- VOLUNTARY LIFE EAP HEARING
- FSA CANCER VISION
- SHORT TERM DISABILITY HRA TRAVEL ACCIDENT
- LONG TERM DISABILITY HSA LEGAL
- CRITICAL ILLNESS 401(K)/403(B) AUTO/HOMEOWNERS
- LONG TERM CARE ADOPTION ASSISTANCE VACATION/SICK/HOLIDAYS
- OTHER _____

USE SIMPLE BENEFIT SPECIALIST TO DEVELOP CONTENT

DESIRED DELIVERY DATE _____
(please assume at least 2 weeks for design and 2 weeks for printing and shipping)

RETURN TO: orders@simple.us
888-308-6009 (fax)
QUESTIONS? 888-888-8401