

REQUEST FOR PROPOSAL

For groups 1 to 50 employees

Orca Bay Benefits is the preferred broker for the SODO Business Association and the SODOcare employee benefits program.

Please send or FAX this completed Request for Proposal Form along with Group Census to Orca Bay Benefits.
 Our FAX number is 206-275-3258
 Our mailing address is 6150 West Mercer Way, Mercer Island, WA 98040
 We can be reached at 206-275-3260 if you have any questions.



Group Name			Type of Business		
Legal Name			SIC Number (if known)		
Physical Address			City	State	Zip Code
Telephone Number	Contact Person		Title		
Requested Effective Date			Current Renewal Date		
Current Medical Carrier			Current Dental Carrier		
Medical Deductible	Coinsurance %	Prescription Benefit	Dental Deductible	Dental Coinsurance	Dental Max/yr

SEND COMPLETED QUOTE REQUEST TO:
Steve Roberts at Orca Bay Benefits
6150 West Mercer Way
Mercer Island, WA 98040
(206) 275-3260
FAX (206) 275-3258
email: sroberts@orcabaybenefits.com

Current Member of SODO Business Association? Yes No

Are you aware if any employees at your company to be covered by the plan smoke cigarettes? Yes No