

REQUEST FOR PROPOSAL
SCHOOL CLAIMS SERVICE, LLC
DENTAL/VISION



District _____ Telephone _____

Contact Person _____ Title _____

Current Insurance Carrier _____

Current Funding Arrangement: () Fully Insured () Self-Funded () Other

If other, please explain _____

PAID PREMIUMS

PAID CLAIMS

2002-03 Year _____ 2002-03 Year _____

2003-04 Year _____ 2003-04 Year _____

Numbers of Employees Insured _____

1. Does the district's negotiated labor contract prohibit self-funding of fringe benefits? () Yes () No
2. Does the district's negotiated labor contract specify a specific insurance carrier? () Yes () No
3. Do you expect any plan changes within the next two years? () Yes () No

If yes, please explain (additional benefits, increased deductibles, etc.) _____

