



Request for Proposal Information Form

Delta Dental of Oklahoma

Proposal Due Date: _____

Plan Effective Date: _____

Step 1 – PRODUCER/AGENT/CONSULTANT INFORMATION

Agency _____

Producer/Agent/Consultant Name _____

Phone Number _____

Commission Rate: Standard Other _____ %

Step 2 – EMPLOYER INFORMATION

Legal Business Name _____

Industry/Type of Business _____

Physical Address _____

Phone Number _____

Employer Contributes _____% **OR** \$_____ to Employee cost of plan.

Total number of employees _____ minus ineligible number of employees _____ = Total Eligible Employees _____

Step 3 – CURRENT CARRIER INFORMATION

Name of Carrier _____

Funding Type: Fully Insured Self-funded

Plan Design

Class I – Diagnostic and Preventive Services	_____ %	Deductible Per Calendar Year	\$ _____ per person
Class II – Basic Services	_____ %	Family Deductible Maximum	\$ _____
Class III – Major Services	_____ %	Deductible Applies to	_____
Class IV – Orthodontic Services	_____ %	Annual Maximum Per Person	\$ _____

Orthodontic Benefits Available to: Children Family Lifetime Orthodontic Maximum \$ _____

Endodontic, periodontic and oral surgery payable as: Class II Services Class III Services

Please note: for groups 100+, provide experience (claims paid, premiums paid and enrollment) list by month for most recent 12 – 24 months.

Coverage Type	No. Employees Enrolled	Current Monthly Rate	Monthly Renewal Rate
Employee Only	_____	\$ _____	\$ _____
Employee + Spouse	_____	\$ _____	\$ _____
Employee + Children	_____	\$ _____	\$ _____
Employee + Family	_____	\$ _____	\$ _____

ADDITIONAL COMMENTS

Delta Dental of Oklahoma is proud to advance the oral wellness of our clients **with the state's largest network of dentists** and a steadfast **commitment to superior customer service**. Thank you for providing the information necessary to submit a comprehensive proposal for your consideration. **We look forward to the opportunity to serve you and your client.**

Please submit your completed form to Delta Dental of Oklahoma's Sales Department

Sales@DeltaDentalOK.org | Fax: 405-607-2132 | Phone: 405-607-4709 (OKC Metro) or 866-685-2112 (Toll Free)

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