

HTH Global HealthGuard

Request for Proposal

HTH Worldwide

Company Information

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ E-mail: _____
Phone number: _____ Fax number: _____
Type of Business: _____

Employee Demographic Information

- In order to get an accurate quote, an accurate census of employees, and their dependents is needed and the below list questions must be answered.
- Please enter the requested information for the employees, and their dependents, on the attached sheet.

[Click HERE](#) to Enter the Employee Census Data

Do any of these individuals have a history of chronic health conditions, or are currently being treated for such? _____

If yes, please provide details in the space below:

What is the anticipated start date of this program? _____

What type of Global HealthGuard Plan is desired?: _____

(choose up to 3 plans)

Option 1: _____

Option 2: _____

Option 3: _____

What is the size of the group (list number of all employees in all offices)? _____

What is the primary work activity of the employees? _____

Is the scope of employment subject to coverage under the Defense Employees Act? _____

If not covered by the Defense Employees Act, does the employer have workers compensation coverage for employees to be covered? _____

What is the average length of stay of the expatriates? _____

What is the current medical insurance coverage of the employees;

a.) Who are expatriates? _____

b.) Who are not expatriates? _____

If there is current coverage why is the group looking to switch coverage? _____

If there is current coverage of the employees looking to be covered under the Global Health Guard policy, please provide (if available);

a.) a plan description of the current plan

b.) monthly premium rates per employee and employee tiers for the past three years

c.) premium and claims data from the last three years that show premium paid and claims paid for each annual period

Broker Information

Broker Name: Maria Karlsson

E-Mail: sales@internationalinsurancenet.com

Agency Name: Crew Insurance Services

Phone number: (866) 419-8844

Fax number: _____

Notes - Other Information

Enter any other information or notes in the space below:

For more information, contact Rob Howard at 1.610.254.8708 or email rhoward@hthworldwide.com

For Administrative Use Only

