

## Information Needed for a Proposal

To facilitate a Proposal of Service, please provide the information listed below.

Company & Contact Information			
Company Name: _____	Contact Name: _____		
Address: _____	Title: _____		
City: _____	Phone: _____		
State: _____ Zip: _____	Fax: _____		
Email: _____			

Payroll Information	
Annual Wages & Salaries:	\$ _____
Total # Employees:	FT: _____ PT: _____
SUI rate:	_____ %
Payroll Frequency	W Bi-W SM M

Workers' Compensation			
WC Code	Annual PR \$	#EE's	Rate/\$100

Attach Workers Comp Declaration Sheet

Available Employee Benefits (please check available benefits)	
Health Care: Carrier: _____	<input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> Other <input type="checkbox"/> None Offered
Dental Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 125:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement Savings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Match:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health Care Costs			
Coverage	% Co Pays	Monthly \$	
Single:		\$ _____	
EE + Spouse:		\$ _____	
Family:		\$ _____	
Dental Single:		\$ _____	
Dental Family:		\$ _____	
Vision Single:		\$ _____	
Vision Family:		\$ _____	
Waiting Period	30 days    60 days    90 days		

Attach Benefit Invoice

Payroll Processing Costs			
Internal Costs:	Hrs per mo: _____	Outside Vendor Costs:	\$ _____ yr.
Human Resource Materials to Review			
Employee Handbook	HR forms: Application, Change & Discipline forms	OSHA 200 Log	Benefit Summary Descriptions