

## FIRST STAFF BENEFITS PROPOSAL REQUEST

### Broker Information

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone No. \_\_\_\_\_

### Employer Information

Group Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

How many total employees are in this group? \_\_\_\_\_

How many locations does this group have? \_\_\_\_\_

How many eligible participants are in this group? \_\_\_\_\_

If staffing, what type of staffing does this group provide? \_\_\_\_\_

In what state is this group located? \_\_\_\_\_

What is the pay range of eligible participants? \_\_\_\_\_

Will this group be able to provide a census?  Yes  No

### Additional Comments

\_\_\_\_\_  
\_\_\_\_\_