NOPA Group Term Life & Long Term Disability Insurance

REQUEST FOR PROPOSAL

MEMBER COMPANY INFORMATION:

CONTACT NAME

EMPLOYER NAME

STREET ADDRESS

CITY STATE ZIP CODE

PHONE EMAIL

LIFE PLAN

- ❍ $20,000 for each employee
- ❍ $50,000 for each employee
- ❍ Higher coverage based on annual salary. Please provide salary in the census information.
- ❍ $5,000 Spouse and/or Dependent Coverage.

# of Eligible employees

SUPPLEMENTAL LIFE PLAN

❍ **Life maximum up to $200,000 in increments of $10,000**

(For supplemental life, list insureds and the benefit amount desired.)

LONG TERM DISABILITY

Duration of benefits:

❍ To Age 65

❍ 5-Year Plan

Waiting period before benefits begin:

❍ 3-month ❍ 6-month

(Available to Employers with 5 or more Employees.)

CENSUS INFORMATION:

NAME OF EMPLOYEE	AGE	SALARY	SUPPLEMENTAL LIFE

For Life and Long Term Disability plans, all full-time employees must be covered. Employees may individually elect the Supplemental Life Plan.

Please fax to (703) 683-7552 or mail to:
NOPA Group Insurance Trust
301 N. Fairfax Street, Suite 200, Alexandria, VA 22314
Questions? Call 800.542.6672 x 107

NOPA
CONNECTING THE INDEPENDENT DEALER CHANNEL