

Request for Savings Calculations

Name: _____

Company Name: _____

Email Address: _____

Advisor or Policyholder: _____

Required Information:		Health Care	Dental Care
1.	Annual Paid (Cash) Claims 12 months from the Renewal Report	_____	_____
2.	Renewal Premium Rates Single	_____	_____
	Family	_____	_____
3.	Enrolled Employees at Renewal Single	_____	_____
	Family	_____	_____
4.	Target Loss Ratio	_____	_____
5.	Trend (Inflation) Factor if available from the Renewal Report	_____	_____

The above information is available from the Insurer's annual Renewal Report.

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