

[Proposal Form for LOGIS Association](#)

Please fill out your proposal information on this form, save and send.

Proposal Deadline: Proposals must be returned to Integrity Employee Benefits **by 3pm CST, July 14th, 2020:**

Integrity Employee Benefits
integrity@integrityeb.com

Company	CURRENT PLAN	Your Proposal
	Sun Life	
AM Best Rating	A+	
Monthly Benefit Amount	60%	
Elimination Period	60 Days	
Contribution	Non-Contributory	
Benefit Duration	SSNRA	
Maximum Monthly Benefit	\$5,000	
Regular Occupation Period	Class I: 60 Mo. Class II: 36 Mo.	
Regular Occupation Definition OR/AND	OR	
Definition of Material Duties	Material Duties	
Partial Disability Benefit	20% Loss of Income	
Integrate With Sick Leave	Ignores Sick Leave	
Pre-Existing Condition	3 mo / 3 mo / 12 mo	
Integration Method	70% All Sources	
Social Security Offset	Full Family	
Mental & Nervous Exclusions	24 Mo. Limit	
Drug & Alcohol Exclusions	24 Mo. Limit	
Retro Disability For Hospitalization	YES	
Conversion	YES	

*Long Term Disability
Proposal Form for rates LOGIS Association*

Current Plan

Monthly Rate per \$100 of payroll
\$0.286

Your Proposal

Monthly Rate per \$100 of payroll

Your Proposal

Rate Guarantee

Long Term Disability Questionnaire

LTD QUESTIONNAIRE

1. List below all of the offsets that apply to your proposed plans:

Offset	Yes	No
Primary Social Security		
Family Social Security		
Workers' Compensation		
Other Governmental Plans		
Railroad Compensation		
Other Group Disability		
Individual Contracts		
Pension Disability		
PERA		
401(k) Benefits		
Lump Sum or Annuity Payments		
Employer Sick Leave Policies		
Auto No-fault		
Other (specify)		

2. Please confirm that you will accept all current LTD amounts without evidence of insurability.

YES NO

3. Will you allow conversion to an individual policy upon termination?

YES NO

4. Confirm that you have complied with the specifications of this RFP including the compensation request to the group's consultant Integrity Employee Benefits, LLC.

YES NO

5. Confirm that you guarantee that upon request, renewal rates, experience, plan information, employee enrollment data, answers to questions and enrollment materials will be provided to Integrity Employee Benefits, LLC.

YES NO

6. Confirm that your policy matches the existing policy as described in the attached Group Contract. If not, list all deviations.

YES NO

Certification:

I certify that our proposal is based on concurrence with all items listed above and that commitments made are binding on my company. Further, I certify that I am authorized to make such commitments.

Type or Sign Name as Signature

Date