

2015 Supplemental Insurance RFP
 Bi-weekly Rates (24 paychecks)

EXHIBIT XI

COST QUOTATION SHEET - GROUP RATES PREFERRED

Hospital Indemnity/Confinement

Indicate the "bi-weekly rates" for your proposed plan in the following table. We are requesting rates net of commission. If commissions are imbedded and cannot be removed due to state filings, clearly disclose the % included where indicated in the table below. Add additional lines as needed in the chart.

Proposers Name:

Current Rate Tiers	Proposed Rates by Age Bands				
	18-39	40-49	50-59	60-70	Other
Individual					
One-Parent Family					
Insured & Spouse					
Two-Parent Family					
Optional Rider(s):					

Alternate Rate Tiers					
Employee Only					
Employee + Child(ren)					
Employee + Spouse					
Employee + Family					
Optional Rider(s):					

Alternate Rate Tiers					
Employee Only					
Employee + Child(ren)					
Employee + Spouse					
Employee + Family					
Optional Rider(s):					

Additional Fees (if applicable)					

% Commissions Included:	
Rate Guarantee Period:	
Are Age-Banded Rates based on Policy Issue Age or Attained Age?	