

2015 SUPPLEMENTAL INSURANCE RFP BI-WEEKLY RATES (24 paychecks)

EXHIBIT XI	
COST QUOTATION SHEET - GROUP RATES PREFERRED	
Cancer + Building Benefit & Specified Diseases Riders	
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
Individual	
Base Plan	
Building Benefit Rider	
Specified Diseases Rider	
Total Rate	
One-Parent Family	
Base Plan	
Building Benefit Rider	
Specified Diseases Rider	
Total Rate	
Two-Parent Family	
Base Plan	
Building Benefit Rider	
Specified Diseases Rider	
Total Rate	
Alternate Rate Tiers	
Employee Only	
Base Plan	
Building Benefit Rider	
Specified Diseases Rider	
Total Rate	
Employee + Child(ren)	
Base Plan	
Building Benefit Rider	
Specified Diseases Rider	
Total Rate	

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Proposers Name:	
Employee + Spouse	
Base Plan	
Building Benefit Rider	
Specified Diseases Rider	
Total Rate	
Employee + Family	
Base Plan	
Building Benefit Rider	
Specified Diseases Rider	
Total Rate	
Additional Fees (if applicable)	
% Commissions Included:	
Rate Guarantee Period:	
Minimum Participation Requirement:	