



Request for Proposal Flex Products

Please complete this form if you would like Combined Services LLC to provide you with a FSA, HRA or PCP quote.

Employer & Producer Data:

Employer Name & Address:

Producer Name & Address:

Employer Contact Name: _____

Producer Contact Name: _____

E-mail: _____

E-mail: _____

Phone: _____

Phone: _____

Employer Type: S Corp C Corp LLC Sole Prop. Partnership Non-profit

Who would you like us to email the proposal to: _____

Type of Proposal Requested:

Type(s) of plan(s) the employer is interested in.

- Premium Conversion Plan (PCP) Only
- Flexible Spending Plan (FSA) Includes Health FSA & Dependent Care FSA and Premium Conversion Plan
- Health Reimbursement Account (HRA)

Please check the plans the employer already has in place. If the plan(s) requested will be new, please check "none".

- Premium Conversion Plan (PCP) Only
- Flexible Spending Plan (FSA)
- Health Reimbursement Account (HRA)
- None

Plan Details:

Plan Requested Effective Date: _____

To assure that the plan document will be completed prior to the plan effective date, all documents must be completed in their entirety and received 15 days prior to effective date to Combined Services LLC.

Eligible Employees: _____

Does the employer wish to have a Grace Period included in the Plan? Yes No (FSA only)

Does the employer wish to have debit cards included in the Plan? Yes No (FSA & HRA plans only)

Send Request to:

Combined Services LLC
PO Box 1320
Concord, NH 03302-1320

E-mail: marketingadmin@combinedservices.com
Fax: 1 603 224-4256
Phone: 1 603 227-2000

Form Completed By _____

Date _____