



REQUEST FOR PROPOSAL

Hawaii Dental Service
700 Bishop Street Suite 700
Honolulu, Hawaii 96813

Phone: (808) 529-9206
1-800-232-2533 ext. 206

Fax: (808) 529-9212
1-866-376-7600

www.deltadentalhi.org

Group Information

PROPOSAL DUE DATE: _____

1. **Company Contact:** _____
Title: _____ E-mail address: _____
Company Name: _____

Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Fax: (_____) _____

2. **Type of business/industry:** _____

3. **Related companies or subsidiaries:** _____

4. **Who is eligible under this dental plan?**
 Full-time employees Other (e.g., retirees, part-time employees) _____

5. **Dependents other than employee's children:**
 Domestic partners (all) Domestic partners (same sex only) Domestic partner's children

6. **Orientation period:** New employees will be eligible on the first day of the calendar month following _____ complete month(s) of continuous full-time employment.
 Other (describe in detail) _____

7. **Total number of all covered employees** _____
Does this represent the total number of employees in the company? Yes No

8. **How many out-of-state employees will be covered? (if applicable)** _____
List States (if applicable): _____

9. **Turnover Rate (%):** _____

10. **Name of Union/Contract Term (if applicable):** _____

11. **Current Dental Carrier:** _____

Current Medical Carrier: _____

12. **Contract Period:** _____

13. **Rate Information:**

	Number of Subscribers	RATES		
		Current Year	Last Year	2 Years Prior
One Party				
Two Party				
Three Party+				

14. **Employer contribution (% or \$):** For employees _____ For dependents _____

Please provide the following:

- Summary of Current Dental Benefits, Brochure or Summary (including full-time student riders)
- Utilization/Experience Reports

Broker/Consultant Information (if applicable)

Company: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail address: _____

Broker Assistant Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail address: _____

Form completed by: _____ Date: _____

Phone number: _____