



P.O. Box 43653 Louisville, KY 40253-0653  
(502) 244-1161 FAX (502) 244-1162 (800)919-BMSI  
[www.bmsllc.net](http://www.bmsllc.net)  
[sales@bmsllc.net](mailto:sales@bmsllc.net)

**Request for Proposal**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

*Please prepare a proposal for...*

Client Name: \_\_\_\_\_  
Industry: \_\_\_\_\_  
Total Number of Employees: \_\_\_\_\_

**Please quote the following BMS LLC services:**

Premium Only Plan \_\_\_\_\_  
Flexible Spending Accounts \_\_\_\_\_  
Health Reimbursement Arrangements \_\_\_\_\_  
(Please provide detail of plan design by attaching renewal coverage and premium information, along with alternative quotes)  
Health Savings Accounts \_\_\_\_\_  
(please provide detail of plan design)  
COBRA Administration \_\_\_\_\_

Other Services – please explain \_\_\_\_\_  
\_\_\_\_\_

**How Would You Like Us To Deliver the Proposal?**

Mail \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**If you are an agent/broker, would you like us to contact the client on your behalf? Of so, please provide:**

Contact Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Contact E-mail: \_\_\_\_\_

**A BMS representative will contact you for additional information.**  
**Thank you for doing Business with BMS LLC!**