YOUR AGENCY LOGO

EMPLOYEE BENEFITS PROPOSAL

[Client company name]

[Plan year] benefits recommendation

Prepared for	[Contact name, title]
Prepared by	[Advisor name, agency]
Date	[Date]
Effective date	[Effective date]
Eligible employees	[Count]

This proposal summarizes plan options as described in the carrier documents listed on the final page. Carrier documents govern in all cases.

Executive summary

[What the client asked for, what changed this year, and the recommendation in three or four sentences.]

What we reviewed

Item	Detail
Current carrier and plans	
Renewal as offered	
Alternatives marketed	
Census basis	

Plan comparison

Benefit	Current	Option A	Option B
Carrier			
Plan name			
Network type			
Deductible (individual / family)			
Out-of-pocket max (individual / family)			
Coinsurance			
Primary care visit			
Specialist visit			
Urgent care			
Emergency room			
Inpatient hospital			
Prescription tiers 1 / 2 / 3			

Monthly cost

Tier	Current	Option A	Option B
Employee			
Employee + spouse			
Employee + children			
Family			
Total monthly premium			

Employee cost per pay period

Tier	Employer share	Employee / month	Employee / pay period
Employee			
Employee + spouse			
Employee + children			
Family			

State the number of pay periods used. Employer contribution strategy: [percentage or fixed dollar, by tier]

Recommendation

[The recommended option and the reasoning: cost, disruption, network fit, and what the client told you matters most.]

Next steps

1. [Decision needed, and by when]
2. [Open enrollment dates and format]
3. [Employee communication materials]
4. [Implementation and payroll setup]

Source documents

Document	Carrier	Date