

Combined Services LLC Products and Services Portfolio

Offered by Blue Cross & Blue Shield of Rhode Island

Combined Services LLC

Group	Carrier	Market Size	Commission	Features
Term Life, AD&D, Dependent Life, Supplemental Life	Medical Life and Fort Dearborn Life	2+	15% Graded	Guarantee Issue Accelerated Death Benefit Seat Belt Benefit Insured Benefit Account
Short-Term Disability	Medical Life	2+	15% Graded	Guarantee Issue Local Claims Processing Partial Disability Benefit
	Fort Dearborn Life	2+	15% Graded	Guarantee Issue Partial Disability Benefit
Long-Term Disability	Medical Life and Fort Dearborn Life	2+	15% Graded	Guarantee Issue Strong Partial Disability Benefit Disability Management
Dental	Delta Dental of NH and Delta Dental of VT	5+	7.5% Graded	Participating Dentists Service Guarantees Local Claim Processing
	New England Dental Administrators	Self Insured Market	Varies by Account	Third Party Administrator Participating Dentists Service Guarantees
Vision	Avesis	10+	10% Level	Insured and Network Access Programs National Provider Network

Individual and Financial Services

Whole Life and Disability Income Protection	UNUM/Provident	1	Varies by Product	Gray, Blue and White Collar DI
	ACA	1	Varies by Product	Guarantee Issue, Whole Life

Annuities

401 (K)	Fort Dearborn Life	1	Varies by Product	Three SPDAs, One FPDA
	Transamerica	1+	Seven Commission Schedules Available	Full Service Available Multiple Fund Family Approach No NASD Licensing Required

Voluntary

Term Life, AD&D	Medical Life and Fort Dearborn Life	2+	20% Level	Simplified Issue with no participation requirements Guarantee Issue with 6+ employees or 25% minimum participation No excluded industries
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Combined Services LLC Products and Services Portfolio

Voluntary	Carrier	Market Size	Commission	Features
Critical Illness	Medical Life and Fort Dearborn Life	2+	20% Level	Portable No excluded industries
STD	Medical Life and Fort Dearborn Life	2+	20% Level	Guarantee Issue No excluded industries \$750 weekly maximum 20 hours eligibility No Participation Requirement
LTD	Medical Life and Fort Dearborn Life	2+	20% Level	Guarantee Issue No excluded industries 20 hour eligibility Minimum participation – 2 enrollees
Dental	Delta Dental of NH (The Preventer Product)	1+	11.25% Level	No Participation Requirement Participating Dentists Service guarantees
	Delta Dental of VT (The Preventer Product)	1+	11.25% Level	No participation requirement Participating dentists Service guarantees
	Medical Life	2+	10% Level	No participation requirement
Life (Cash Value)	Boston Mutual Life	50+	Up to 60% First Year	Guarantee Issue Interest Sensitive Whole Life Portable Enrollment Services Benefit Statements Available
	UNUM/Provident	250+	Up to 45% First Year	Guarantee Issue Universal Life Portable Enrollment Services Benefit Statements Available

Administration

Flexible Benefits Administration	Premium Conversion Combined Services LLC	2+	10% One Time Fee	Full Service Plans Assistance with 5500 Form
	Reimbursement Accounts Combined Services LLC	Varies	5% Level	Non Discrimination Testing Local Claims Processing Dedicated Claims Unit Toll-Free Customer Service
	Full Cafeteria Combined Services LLC	Varies	Varies by Account	Field Assistance Toll-Free Customer Service
COBRA Compliance Administration	Combined Services LLC	20+	10% First Year 5% Renewal	Choice of Per Occurrence or Annual Fee

Combined Services LLC Request for Proposal

GROUP LIFE, AD&D, SHORT TERM AND LONG TERM DISABILITY

- Prospect name, location, ZIP code, industry (S.I.C. classification), requested effective date
- Current carrier, current rates and renewal rates (if within 60 days of renewal)
- Census: Date of birth, gender, occupation (LTD only), salary (if salary based benefit), class
- Description of current and requested plan designs
- Employer contribution level
- Premium, enrollment and history of claims for 2 years (groups of 500+ for Life, 200+ for STD and LTD)
- Open LTD claims - prognosis, date of disability, nature of disability, date of birth, net monthly benefit

GROUP AND VOLUNTARY DENTAL

- Prospect name, location, ZIP code, industry (S.I.C. classification), requested effective date
- Current carrier, current rates and renewal rates
- Census: Date of birth, gender, family status, (EE only, EE & Spouse, EE & Child(ren), EE, Spouse & Child)
- Premium, enrollment and history of claims for three years
- ZIP code of each employer location
- Current and requested plan designs
- Employer contribution level

EYE CARE PLAN OF AMERICA SELECT VISION PROGRAM

- Prospect name, location, ZIP code, industry (S.I.C. classification) and requested effective date
- Employer paid or voluntary, plan design and co-payment

VOLUNTARY LIFE, AD&D, SHORT TERM AND LONG TERM DISABILITY

- Prospect name, location, ZIP code, industry (S.I.C. classification) and requested effective date
- Total number of eligible employees, current and requested plan designs

- Provide a copy of current policy and enrollment information if group currently has voluntary plan in place

WORKSITE MARKETED PAYROLL LIFE

- Prospect name, location, ZIP code, industry (S.I.C. classification), requested effective date
- Total number of eligible employees by location, current and requested plan designs

INDIVIDUAL LIFE AND DISABILITY INCOME

- Prospect name, date of birth, gender, state of residence, smoker status, type of policy (Term, Whole Life, Universal Life)
- For D.I., occupation, exact duties, income, office in home (?), volume of existing coverage, premium payor, monthly benefit, benefit period, elim. period, self-employed (?) (sole prop., S-corp, partner, LLC)

FLEXIBLE BENEFITS ADMINISTRATION

- Prospect name, location, ZIP code, number of eligible employees, benefits to be administered, requested effective date, takeover of existing plan (?)

COBRA COMPLIANCE ADMINISTRATION

- Prospect name, location, ZIP code, number of eligible employees, coverage to be billed, insurance companies involved, number of employees currently on COBRA.

Home Office:

15 North Main Street, Suite 300
Concord, NH 03301-4945
Phone: (603) 227-2000, Fax: (603) 224-4256

Regional Offices:

Maine: Mailing Address: P.O. Box 9427
S. Portland, ME 04116-9427
Physical Address: 110 Free Street
Portland, ME 04101
Phone: 1-207-822-5913, Fax: 1-207-822-5904

Southern New England:

140 Wood Road, Suite 304
Braintree, MA 02184-2508
Phone: (781) 848-9966, Fax: (781) 848-8554

Combined Services LLC Submitting New Business

GROUP LIFE, AD&D, DEPENDENT LIFE, SUPPLEMENTAL LIFE, SHORT TERM AND LONG TERM DISABILITY

- Trust Participation Agreement (2-9 EE's) or Application For Group Coverage (10+EE's)
- Copy of proposal
- Enrollment Card for each eligible employee (all sections completed) (For self-administered cases, a list of enrolled employees including name, gender, SS#, D.O.B., D.O.H., salary, class and occupation is acceptable)
- Evidence of Insurability forms, if applicable
- List of employees not actively at work, reason, expected date of return, and insurance volume
- Binder check of first month's projected premium made payable to the insurance company. (In Maine, Medical Life cases combined billed by Anthem BCB-SME, check should be made payable to Anthem Blue Cross Blue Shield of Maine)
- Copy of prior carrier's booklet for LTD cases
- Provide copy of prior carrier's booklet(s) and renewal letter (if renewal within 60 days, otherwise last bill) when applicable

GROUP AND VOLUNTARY DENTAL

- Application for Group Coverage
- Enrollment Card for each eligible employee (all sections completed)
- Binder check of first month's projected premium made payable to the insurance company
- Copy of proposal
- ZIP Code of each employer location
- Copy of prior carrier's booklet

NOTE: Call Combined Services LLC for appointment when submitting first case with each carrier.

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EYE CARE PLAN OF AMERICA SELECT VISION PROGRAM

- Client Profile and Group Application
- Enrollment form for each eligible employee
- Binder check of first month's projected premium made payable to Eye Care Plan of America
- Copy of proposal

VOLUNTARY LIFE, AD&D, SHORT TERM AND LONG TERM DISABILITY

- Employer application for Voluntary Benefits
- Enrollment Form for Voluntary Benefits for each eligible employee
- Evidence of insurability form, if applicable

WORKSITE MARKETED PAYROLL LIFE

- Employer application
- Payroll authorizations
- Applications for enrolled employees and dependents (waiver forms for those declining)

INDIVIDUAL LIFE AND DISABILITY INCOME

- Application and copy of illustration
- HIV Consent form
- Deposit check made payable to insurance company
- Copy of W-2 earnings (Individual Disability)
- Additional forms as requested by state (check with Combined Services LLC representative)

FLEXIBLE BENEFITS ADMINISTRATION

- Flexible Spending Account New Group Transmittal Form & copy of proposal
- Employee Election Forms

COBRA COMPLIANCE ADMINISTRATION

- COBRA Administration Service Agreement