

## SOUTH CENTRAL SERVICE COOPERATIVE PROPOSAL APPROVAL FORM

Current Date \_\_\_\_\_ Proposal Due Date \_\_\_\_\_

Name of Group \_\_\_\_\_

Contact \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

School Prospect \_\_\_\_\_ Government Agency Prospect \_\_\_\_\_

Desired Effective Date \_\_\_\_\_

Physical Location coordinates with what Pool \_\_\_\_\_

History with Service Cooperatives/Blue Cross \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agent /Agency \_\_\_\_\_ In Force? Y or N

Community Rated if Fully Insured (< or = 100 Employees) Y or N?

Special requests or concerns from the prospect or agent? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach experience evaluation and/or competitive analysis and send to Larry IntVeld,  
SCSC Insurance Service Director at 651-483-2598/Staff as well as Statewide Consultant.

Blue Cross Sales Lead/Account Manager \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_