Glatfelter SM
SPECIALTY BENEFITS

183 Leader Heights Road
P.O. Box 2726
York, PA 17405
(800) 233-1957 or (717) 741-0911
Fax: (717) 747-7069

CRITICAL CARE PROTECTOR PLUS
REQUEST FOR PROPOSAL

GENERAL INFORMATION

Name of Organization: _____

Organization's Address: _____
(Street or PO Box)

_____
(City) (County) (State) (Zip Code)

Contact Name: _____ Email Address: _____

Number of Eligible Persons: _____

Proposed Benefits	Option 1 ☐	Option 2 ☐	Option 3 ☐
Critical Illness	$10,000	$20,000	$30,000

Census data required: Member's name, date of birth and if possible, smoker/non-smoker.

Name of Producing Agency: _____

Producer Address: _____
(Street) (City) (State) (Zip Code)

Producer Telephone: (____) _____ Producer Fax: (____) _____

Producer Email: _____

COMPLETE IF COVERAGE IS TO BE BOUND

I hereby request coverage to be in-force the later of _____/_____/_____ or the date a roster **indentifying** Covered Persons is submitted to VFIS.

_____
Signature Name Title