



TAGCO MET Retiree Medical Employer Group Registration and Request for Proposal

Submitting Broker Name _____

Submitting Broker Address _____

Submitting MGA Name _____

Submitting MGA Address _____

MGA contact information including office phone, fax, cell and e-mail

Office Phone _____

Office Fax _____

Cell Phone _____

E-mail _____

Broker contact information including office phone, fax, cell and e-mail

Office Phone _____

Office Fax _____

Cell Phone _____

E-mail _____

Employer Group Name _____

Employer Group City, State and Zip _____

Employer Group contribution Y/N/amount _____

Number of TAGCO MET lives _____

Requested effective date _____

