



MetLife International Business Travel Medical (IBTM) Request for Proposal

Prospect / Client Information

Name

Nature of Business Total Number of Employees Worldwide

Mailing Address

City State Postal Code

Contact Name Title

Email Phone Number Fax Number:

Country Destinations

Producer Information

Agency Name

Mailing Address City

State Postal Code Phone Number Fax Number:

Broker Name Email

Effective Date Requested Commission Rate Tax ID

Travel Information

	U.S. & Non-U.S. Employees traveling to non-U.S Destinations	Non-U.S. Employees traveling to U.S Destinations
Number of Travelers (1)		
Estimated Number of Trips per traveler (2)		
Average Duration of Each Trip (3)		
Estimated Number of Travel Days* (1 x 2 x 3)		

Plan Design Request

	Platinum	Gold	Silver	Bronze
Benefit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coinsurance	100%	100%	100%	80%
Deductible	\$0	\$25	\$50	\$100
Out-of-Pocket	None	None	None	\$3,000
Calendar Year Maximum	\$300k	\$250k	\$150k	\$100k
Evacuation	\$200k	\$150k	\$100k	\$100k
Prescription Drug	Unlimited*	Unlimited*	Unlimited*	Unlimited*
Pre-existing conditions	Unlimited*	Unlimited*	Unlimited*	Unlimited*

Additional Coverage:

Accidental Death & Dismemberment (\$100k) Dependent Coverage Sojourn Coverage

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim with materially false information or conceals for the purpose of misleading, information concerning any fact material there to may be guilty of committing a fraudulent insurance act