



Large Group Quote Request (51+)

GROUP INFORMATION

Company Name:				Nature of Business			
Street Address				# of Eligible Employees			
City and Zip				Number of COBRA's			
Employer Contributions	Employee %:		Dependents %:				
Employee Waiting Period				Date Quote Needed By			
Reason for shopping							

RATES & BENEFITS

Current Carrier(s):				5 Year Carrier History:			
Anniversary Date:				Proposed Effective Date:			

Current Rates

	EE		ES		EC		FA	
	EE		ES		EC		FA	
	EE		ES		EC		FA	

Renewal Rates

	EE		ES		EC		FA	
	EE		ES		EC		FA	
	EE		ES		EC		FA	

Current Benefits

	Medical Plan	Ded/Fam	OV	Coins	OOP/Fam	Inpatient	Surgery	RX
	Dental Plan	Ded/Fam	INN	OON	UCR OON?	Endo Perio in Basic?	Max	Ortho
	Vision Plan	Frequency		Exam Copay		Materials Copay		Network

Requested Benefits							
Life requested? Amount?							

HEALTH INFORMATION

Disabled Employees or Dependents?				# of Known Pregnancies			
Claims \$25,000 or more in last 12 months?				Bankruptcy in the last 7 years			
Claims experience available?				Is employer self funding any part of the benefits			
Pre-existing conditions?				Workers Comp in place?			

Special Notes & Considerations

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CENSUS INFORMATION

Census must include:

*Gender, *Age (or date of birth), *Home zip codes for each employee *Dependent status

	Name	Gender (M/F)	Age or DOB	Home Zip Code	Dependent Status (EE, ES, EC, FA)	Hire Date	Enrolling? (Yes/No)
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