



**Request for Quotation**

**Date:** \_\_\_\_\_

**Company Profile**

Full Legal Business Name	Address
Business Description	Length of time in business (minimum 6 months)
Current number of full time employees	Number of employees related to owner
Any employees involved in hazardous occupations?	Any employees not actively at work? If yes, provide details.
Are all employees covered by Workers' Compensation?	If no, who is not covered:

**Existing Group Coverage**

Do you currently have coverage?	If yes, name of carrier:
Number of years with current carrier:	Proposed effective date for new plan:

**Please go through the following options to determine what you would like for your group benefit plan. There are many ways to set up a plan, they are completely customizable, and the following is a basic structure. Should you want something that is not indicated, please let us know and we will arrange to include that in the quote.**

**Life Insurance/Accidental Death & Dismemberment**

Flat insurance amount \$\_\_\_\_\_ (ie. \$25,000,50,000, etc.)

\_\_\_\_\_ x Salary to a maximum of \$\_\_\_\_\_

**Short Term Disability**

Benefit is 66 2/3% of salary to a maximum amount of \$\_\_\_\_\_

Waiting period for benefit : 0 days for accident/ 7days for sickness

Benefit period : 17 weeks

**Long Term Disability**

Benefit is 66 2/3% of salary to a maximum amount of \$\_\_\_\_\_

Waiting period for benefit : 119 days

Benefit period :  5 years  to age 65

**Extended Health Care**

\$0 deductible or  \$\_\_\_\_\_ deductible

Prescription Drug Card :  80% coverage  100% coverage

Maximum \$\_\_\_\_\_ or  Unlimited amount

Paramedical Coverage (chiropractor, massage therapist, etc.):

\$300  \$500  \$1000

**Dental Coverage**

\$0 deductible or  \$\_\_\_\_\_ deductible

Basic Coverage:  80%  100%;  \$\_\_\_\_\_Max. or  Unlimited

Recall Exam:  6 months  9 months

Major Coverage :  50%;  \$\_\_\_\_\_Max. or  Unlimited

Combine Basic with Major

Orthodontia :  50%