

Quote Request Form Fully Insured

Bid Specifications	Company Legal Name:
	Total Number of Eligible Employees:
	Total Number of Enrolled Employees:
	Company Address:
	Nature of Business (SIC Code):
	Date Quote Needed:
Rates & Benefits	Current Carrier(s) 5 Year History:
	Is an HMO Currently Offered:
	Current Rates:
	Renewal Rates (Must be less than 25%):
	Anniversary Date:
	Proposed Effective Date:
	Current Benefits (Please provide detailed benefit summaries):
	Requested Benefits:
	Claims History (If available):
	Number of COBRA Continuants:
Employer Contribution Structure:	
Broker Info	Quoting Broker:
	Broker of Record:
	What Level of Commissions are Included in Current Rates:
	Producer Commission Requirements:
Census	Provide Current Census in Excel format including:
	√ Date of Birth
	√ Gender
	√ Dependent Elections (EE, EE+SP, EE+CH, EE+FAM)
	√ Multiple Plans (Please include plan identifier)
	√ Multiple Locations (Please include location identifier)
√ Zip Codes	