

Quote Request for Groups of 2-9 Employees

CLIENT NAME			AGENT'S NAME		
ADDRESS			AGENT'S PHONE		AGENT'S FAX
CITY	STATE	ZIP	AGENT'S E-MAIL ADDRESS		
NATURE OF BUSINESS		YEARS IN BUSINESS	EFFECTIVE DATE REQUESTED		EXISTING COVERAGE

THIS PROPOSAL IS BASED ON THE FOLLOWING PLAN(S) OF BENEFITS:

					% Paid by Employer
Basic Life/AD&D \$10,000 Minimum* \$75,000 Maximum	Flat Benefit <input type="checkbox"/>	Class Schedule <input type="checkbox"/>	Multiple of Earnings <input type="checkbox"/>		
	Benefit Amount _____	Plan 1 <input type="checkbox"/> \$50,000/\$25,000 Plan 2 <input type="checkbox"/> \$30,000/\$15,000	1 Times <input type="checkbox"/> 2 Times <input type="checkbox"/> Max Benefit _____		
Dependent Life**	Plan 1 <input type="checkbox"/> N/A Spouse \$5,000/Child \$2,000	Plan 2 <input type="checkbox"/> N/A Spouse \$2,500/Child \$1,000			_____ N/A _____ %
Supplemental Life**	Same as Basic Life <input type="checkbox"/> (All amounts subject to evidence of insurability)			_____ N/A _____ %	
Short Term Disability \$750/Weekly Maximum	Plan Design Options Benefits begin Accident/Sickness Plan 1 Maximum Weekly Benefit Period 1st Day/8th Day <input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> Plan 2 Maximum Weekly Benefit Period 15th Day/15th Day <input type="checkbox"/> 11 <input type="checkbox"/> 24 <input type="checkbox"/> 52 <input type="checkbox"/> Benefit Amount Options Weekly Maximum is \$750 Benefit % 50% <input type="checkbox"/> 60% <input type="checkbox"/> 66 ² / ₃ % <input type="checkbox"/> _____ Flat Amount (Subject to 70% of Earnings) <input type="checkbox"/> Maternity <input type="checkbox"/> Yes <input type="checkbox"/> No Partial <input type="checkbox"/> Yes <input type="checkbox"/> No				_____ %
Intermediate Disability*** \$3,000/Monthly Maximum	Plan Design Options Benefits begin on the 31st day for Accident and Sickness Maximum benefit period is 24 months Benefit Amount Options Monthly Maximum is \$3,000 Benefit % 50% <input type="checkbox"/> 60% <input type="checkbox"/> 66 ² / ₃ % <input type="checkbox"/> _____ Maternity <input type="checkbox"/> Yes <input type="checkbox"/> No				_____ %
Long Term Disability*** \$7,500/Monthly Maximum	Plan Design Options Maximum benefit period is to Age 65 Benefits begin Accident/Sickness 91st day <input type="checkbox"/> 181st day <input type="checkbox"/> Benefit Amount Options Monthly Maximum _____ Benefit % 50% <input type="checkbox"/> 60% <input type="checkbox"/> 66 ² / ₃ % <input type="checkbox"/> (Employer Must Pay at least 50%)				_____ %

*Subject to age reductions.

**Minimum of three participants.

***Employer may purchase either IDI or LTD. LTD is available for groups with 80% white collar employees only.

Census Data	Name of Employee	Date of Birth	Gender	Annual Salary	Occupation (Required for LTD)
	1.		<input type="checkbox"/> M <input type="checkbox"/> F		
	2.		<input type="checkbox"/> M <input type="checkbox"/> F		
	3.		<input type="checkbox"/> M <input type="checkbox"/> F		
	4.		<input type="checkbox"/> M <input type="checkbox"/> F		
	5.		<input type="checkbox"/> M <input type="checkbox"/> F		
	6.		<input type="checkbox"/> M <input type="checkbox"/> F		
	7.		<input type="checkbox"/> M <input type="checkbox"/> F		
	8.		<input type="checkbox"/> M <input type="checkbox"/> F		
	9.		<input type="checkbox"/> M <input type="checkbox"/> F		
	10.		<input type="checkbox"/> M <input type="checkbox"/> F		

Remarks					

Note: Employees must work full-time 30 or more hours per week to be eligible.