

Group Quotes
-Health
-Life
-Dental
-LTD
Fast & Simple
Within 48 Hours!

**Fill In This Census Information
 For FAST Group Quotes**

NAS **NAS**

Today's Date _____ Requested Effective Date _____

Producer _____ Email _____

Phone _____ Fax _____

Client Name _____

City _____ County _____ State _____ Zip _____

Nature of Business _____

Date Quote Needed By _____ Fax _____ Email _____
 (48 Hour Turnaround)

Key (Dependent Status)
 (S) Single
 (H/W) Two Adults
 (P/C) Parent Child
 (F/F) Full Family

	Date of Birth	Sex	Dep. Status	Home Zip Code	Total Number of Full Time Employees _____
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	
5.	_____	_____	_____	_____	
6.	_____	_____	_____	_____	
7.	_____	_____	_____	_____	
8.	_____	_____	_____	_____	
9.	_____	_____	_____	_____	
10.	_____	_____	_____	_____	
11.	_____	_____	_____	_____	
12.	_____	_____	_____	_____	
13.	_____	_____	_____	_____	
14.	_____	_____	_____	_____	
15.	_____	_____	_____	_____	

Group Quoting Option

Medical Carriers	Plan Design
Aetna _____	PPO _____ HSA _____
AmeriHealth _____	POS _____ O/A _____
CIGNA _____	HMO _____ O/A _____
GHI (NY Only) _____	RX Card _____
Health Net _____	Copay(s) _____
Horizon BCBS NJ _____	Hos. Copay \$ _____
Oxford/United _____	Deductible IN _____ OUT _____
IBC (PA Only) _____	Co Insurance IN _____ % OUT _____ %
	Max out of pocket \$ _____
	Life: _____
	Dental: _____
	LTD: _____ (need salary)
	Vision _____

Current Plan Info

Current Carrier _____

Current Plan _____

Current Premium _____

Renewal Premium _____

Notes/Comments