



ANCILLARY GROUP QUOTE REQUEST FORM: 2-50 Lives

GROUP INFORMATION

BROKER / REP NAME		PHONE	
SUPPORT CONTACT		EMAIL	
GROUP NAME		EFFECTIVE DATE	
NATURE OF BUSINESS		SIC CODE	
ADDRESS			
CITY	STATE	ZIP	COUNTY

CURRENT ANCILLARY BENEFITS

YES	NO	COVERAGE	CARRIER	CONTRIBUTION LEVEL	NOTES
		Dental			If available, please include : 1) Copy of coverage booklet 2) Copy of competitor rates 3) If applicable, list classes on census
		Life / AD&D			
		Vision			
		STD			
		LTD			

REQUESTED PLAN DESIGNS – PACKAGED BENEFITS (check to select)

	LOW PACKAGE		BASIC PACKAGE		PREMIUM PACKAGE
Dental	100/80/50 – 80/60/50 – 90 th % \$1000 max - \$50/\$150 deductible	Dental	100/80/50 – 80/60/50 – 90 th % \$1500 max - \$0 deductible	Dental	100/80/50 – 100/80/50 – 90 th % \$1500 max - \$0 deductible
Vision	12 / 12 / 24 - \$20/\$40	Vision	12 / 12 / 24 - \$10 / \$25	Vision	12 / 12 / 12 - \$10 / \$25
Life	Flat \$10,000	Life	Flat \$15,000	Life	Flat \$25,000
STD	No Coverage	STD	\$350/week max – 26wks – 0/7	STD	\$350/week max – 26wks – 0/7
LTD	No Coverage	LTD	No Coverage	LTD	60% - \$5,000 max – 90 day elim

REQUESTED PLAN DESIGNS – CUSTOM DESIGN

DENTAL	
Contribution Level	
In Network Coverage	
Out of Network Coverage	
OON Reimbursement	
Deductible	
Annual Max	
Child Ortho	

GROUP LIFE / AD&D	
Contribution Level	
Flat Amount	
Multiple of Earning	

VISION	
Copays	
Frequency	

SHORT TERM DISABILITY	
Contribution Level	
Benefit Amount as % of Salary	
Waiting Period for Acc / Sick	
Benefit Period	

LONG TERM DISABILITY	
Contribution Level	
Benefit Amount as % of Salary	
Waiting Period for Acc / Sick	
Benefit Period	