

# UNITED CONCORDIA

## Small Business Unit Quote Checklist 25-50 enrolled

- Company Name \_\_\_\_\_
  - Company Contact \_\_\_\_\_
  - Company Contact Email \_\_\_\_\_
- Full Address
  - Street \_\_\_\_\_
  - City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Effective Date \_\_\_\_\_
- SIC code \_\_\_\_\_
- Census Attached?
  - No
  - Yes
  - Number Eligible \_\_\_\_\_ Number Enrolling \_\_\_\_\_
- Prior Coverage?
  - No
  - Yes
    - With \_\_\_\_\_
    - How Long \_\_\_\_\_
- Rates Attached
- Requested Benefit Design
- Voluntary or Employer Paid
- Broker:
  - Agency \_\_\_\_\_
  - Agent of record \_\_\_\_\_
  - Agent email \_\_\_\_\_

Checklist Completed By \_\_\_\_\_

- Phone number/email \_\_\_\_\_

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