Instructions: You may type your basic information in before printing, or print a blank form for completion. Submit this form with the attachments listed below. Quotes cannot be issued until all information is received in our office.

Group Medical Quote
Basic Information Sheet

Company Name ______________________________

DBA if applicable ______________________________

Address ______________________________ P O Box # ______________

City State Zip ______________________________ Phone Number ______________

Contact Name ______________________________ Position ______________

Please list added locations, city state and zip

Desired Effective Date ______________ Employer Contribution % for employee ______ for dependents ______

Present Carrier ______________________________ Renewal Date ______________

Rates	Employee Only	Employee Child	Employee Spouse	Family
Current				
Renewal				

I would like the quote to include the other coverages checked below.

☐ Dental Coverage ☐ Vision Coverage ☐ Supplemental Life ☐ Dependent Life

The following attachments need to be submitted with this basic information sheet.

- Employee Census with DOB, Gender, and Coverage Code
- List of current and/or desired benefits
- Copy of most current billing statement
- Completed Medical Profile (Next Page)

Group Medical Quote
Medical Profile

Are there any employees or dependents...

1. ...with claims of $25,000 or more in the last 12 months?
2. ...currently pregnant?
3. ...with known medical conditions who are confined in a hospital or treatment facility or who expect hospitalization or surgery in the next 12 months?
4. ...who have ever been told they had, been counseled or treated for any disease or disorder of the heart, muscles, colon, AIDS, chronic lung disorders, Kaposi's sarcoma, cancer, diabetes, paralysis, stroke nervous or mental disorder, alcohol abuse or drug addiction?
5. ...currently on state medical continuation or COBRA?

If you can answer "yes" to any question, please provide details for all below.

An Emp. or Dep.	Age	Diagnosis	Treatment Dates	Recovery Date	Prognosis