

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 Life 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 \_\_\_\_\_

## Plan Type

Flat amount on all personnel

Flat Amount \_\_\_\_\_

# of thousands

Classes (tiers)

Percentage of Income

## Options

AD & D

Dependent Life

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

Employee Census with DOB, Gender, and Coverage

Class structures and amounts for each class

Employee eligibility guidelines

Copy of most current billing statement

Salaries if using percentage of Income