



## New Group Quote

GROUP NAME: \_\_\_\_\_

SIC CODE: \_\_\_\_\_

GROUP ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

1. COMPANY STRUCTURE: \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC

2. TYPE OF COVERAGE: \_\_\_\_\_ HEALTH \_\_\_\_\_ VISION \_\_\_\_\_ DENTAL \_\_\_\_\_ LIFE

3. PLAN REQUIREMENTS: \_\_\_\_\_

MEDICAL COPAYS OR HIGH DEDUCTIBLE: \_\_\_\_\_

MAX DEDUCTIBLE AMOUNT: \_\_\_\_\_

4. TIER BASED (ALL PAY THE SAME) OR AGE BASED?: \_\_\_\_\_

5. HOW MUCH WILL THE COMPANY PAY FOR THE EMPLOYEE PREMIUM?  
100% OR LESS? NOTE: THE MORE THE COMPANY PAYS THE MORE \_\_\_\_\_ %  
EMPLOYEE INTEREST)

6. START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Once the quote is completed the options below need to be defined:

1. How many hours does an employee need to work to be eligible? \_\_\_\_\_

2. What is the waiting period for coverage to start?

\_\_\_\_\_ ELIGIBLE DAY 1

\_\_\_\_\_ ELIGIBLE 1 MONTH AFTER PROBATIONARY PERIOD?

\_\_\_\_\_ 60 DAYS FROM HIRE DATE BEGINNING THE FIRST OF THE NEXT MONTH

3. Does the plan need to provide a Health Savings Account option? \_\_\_\_\_

4. Does the plan allow spouses and children to be added? \_\_\_\_\_ YES \_\_\_\_\_ NO

Domestic Partners \_\_\_\_\_ YES \_\_\_\_\_ NO

5. Will the company have a 70% participation rate of eligible employees? If not, employees can stay with the marketplace. \_\_\_\_\_

## NOTES

- Employers can offer more than one plan
- Employees can buy up
- Plans must be offered to all eligible employees
- Most plans on the marketplace are high deductible plans

## STANDALONE PLANS

\_\_\_\_\_ VSP Vision Group Quotes

\_\_\_\_\_ Delta Dental

\_\_\_\_\_ Allied Administrators (can administer both)

AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

DATE: \_\_\_\_\_

**EMPLOYEE LIST**      (Please list all employees, including employees on their spouse's plan)

EMPLOYEE NAME	DATE OF BIRTH	HOURS WORKED PER WEEK	FULL TIME PART TIME TEMPORARY	STATE OF RESIDENCE	OWNER
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO
			FT PT TEMP		YES NO