

New Group Quoting Checklist

Broker Name: _____ Agency Name: _____

Broker Phone: _____ Broker Email: _____

GA Name: _____ GA Contact: _____

GA Phone: _____ GA Email: _____

Thank you for your interest in a Secure Plans quote. Please email as attachments this form and the group census to Sales@InsurgencyBenefits.com.

General Information:

Full Legal Name of Company / Plan Sponsor: _____

Street Address: _____

City / State / Zip: _____

Industry / SIC: _____

Desired Effective Date: _____

Employer zip code will be applied to employees if no specific zip code is provided for employees.
 Final rates may be based on employee home zip code.

Employee Census: Using an Excel spreadsheet expedites your quote, but is not mandatory.

For each employee please provide:

- Birthdate or Attained Age
- Gender
- Dependent Tier (Employee Only, Employee+Spouse, Employee+Children, Employee+Family)
- Work Location (City, State and Zip Code (If different from company location))
- Dependents (Preferred, but optional)

Claims History Optional for currently self-funded groups and those with access to claims experience

Monthly Paid Claims and Corresponding Enrollment

For past 24 months.

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<input type="checkbox"/>	Shock Loss Information For claims paid at or above 50% of the specific deductible or, if unavailable, all claims over \$25,000.
<input type="checkbox"/>	Current Schedule of Benefits with List of Plan Changes For past 24 months.

Next Steps:

Please submit the above material to Sales@InsurgencyBenefits.com. You will be contacted if additional information is required. You should expect your quote in about four business days.