

# SEA Group Quote Request

\*Quote Type:  Standard  Fast Track  Prescreen  Sm Grp New Bus  Grp New Bus  Renewal Shop

Agent:

Effective Date:

Group Name:

Tax ID No:

Address:

City, St, Zip:

Bus. Type:

## Key Questions

Total # Eligible for Coverage: \_\_\_\_\_ For Medical \_\_\_\_\_ For Life Only  
(Number of Employees working 25 hours per week)

Reason for Waivers:  Cost  Spouse Coverage  Other \_\_\_\_\_

Employees currently on Cobra:  Yes  No If yes, #: \_\_\_\_\_

Employer Contribution: \_\_\_\_\_ Employee \_\_\_\_\_ Dependents

What is your relationship with this group?  Current Agent  Cold Call  Have P&C  Other \_\_\_\_\_

Why are they shopping:  Cost  Service  Benefits

Who is the existing agent: \_\_\_\_\_

Are they satisfied with their service:  Yes  No

Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Current Rates : \_\_\_\_\_ EE \_\_\_\_\_ ES \_\_\_\_\_ EC \_\_\_\_\_ Family

Renewal Rates: \_\_\_\_\_ EE \_\_\_\_\_ ES \_\_\_\_\_ EC \_\_\_\_\_ Family

## Current Benefits:

Deductible (Single):  250  500  1000  1500  2000  2500  3000  3500  4000  5000

In net -Coinsurance:  100%  80/20%  90/10%  70/30%  60/40%  50/50%

Office Visit Copay:  \$10  \$15  \$20  \$25  \$35

Plan Type:  Traditional  HSA  Partnership

## New Benefits to include:

Deductible (Single):  250  500  1000  1500  2000  2500  3000  3500  4000  5000

In net -Coinsurance:  100%  80/20%  90/10%  70/30%  60/40%  50/50%

Office Visit Copay:  \$10  \$15  \$20  \$25  \$35

Plan Type:  Traditional  HSA  Partnership

\*Definitions: Standard: no medical questionnaires received, Fast Track: (UHC) Tax ID number given, Prescreen: medical questionnaires completed.