



Date: _____

Group Quote Request & Census Form

AGENT/ADVISOR INFORMATION

Name: _____ Phone: (____) _____ - _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Fax: (____) _____ - _____ E-mail: _____

GROUP INFORMATION (All information is required to obtain a valid quote)

Company Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 SIC Code: _____ Requested Effective Date: _____ Nature of Business: _____
 Total Number of Employees: _____ Total Number of Out-of-State Employees: _____
 Current Carrier: _____ Current Monthly Premium: _____

	Employee Name	DOB or Age	M / F	Plan Type*	Coverage Tier**
	EXAMPLE: John Smith	5/15/1945	M	PPO	FA
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

*Plan Type - Indicate the current type of plan for each employee with one of the following: HMO, PPO, Other, None.

**Coverage Tier - Indicate whether Employee Only=EE, Employee & Spouse=ES, Employee & Child(ren)=CH, or Employee & Family=FA.

The information requested must be completed in order for the quote to be processed. Please fax the completed form to 847-332-0334 (Attn: Investment Centers Quoting) or e-mail to ica@flexiblebenefit.com. For questions about completing this form, please call Flex at 866-472-5339.

NOTES: _____

You will only receive quotes from carriers in which you are appointed through the Flex General Agency or where Flex is the writing agent



Things to Know – Profiling Your Group Clients

(For Advisor use only)

This tool will allow you to better understand the needs of your group clients. By gathering this information, you will be able to establish a profile of your client and build a strategy for long-term success. This information is for your purposes only. Please do not send this information to Flex with your quote request form.

Client Name: _____

Phone Number: _____ Email: _____

Current Carrier: _____

Current Effective Date: _____ Renewal Date: _____

CURRENT RATES:

Employee: _____

Employee & Child(ren): _____

Employee & Spouse: _____

Employee & Family: _____

RENEWAL RATES:

Employee: _____

Employee & Child(ren): _____

Employee & Spouse: _____

Employee & Family: _____

CURRENT BENEFITS

Deductible: _____

Family Deductible: _____

Coinsurance: _____

Out-of-Pocket Maximum: _____

Family Out-of-Pocket Maximum: _____

Office Visit Copay: _____

Rx Drug Copay: _____

Emergency Room Copay: _____

Preventive Care Copay: _____

Hospital Copay: _____

PROPOSED BENEFITS

Deductible: _____

Family Deductible: _____

Coinsurance: _____

Out-of-Pocket Maximum: _____

Family Out-of-Pocket Maximum: _____

Office Visit Copay: _____

Rx Drug Copay: _____

Emergency Room Copay: _____

Preventive Care Copay: _____

Hospital Copay: _____

NOTES: _____

ADDITIONAL INFO:

The following is a partial list of common medical conditions considered “rated-up” by insurance carriers. If your client’s eligible employees have any of these medical conditions, the group likely will be rated-up for health insurance.

- Anxiety
- Attention Deficit Disorder
- Diabetes Mellitus (Type 1 & 2)
- Heart Disease
- HIV Positive / AIDS
- Hypertension
- Infertility
- Multiple Sclerosis
- Rheumatoid Arthritis
- Stroke
- Systemic Disease (Cancer, Tumor, Lupus)