

QUOTE REQUEST CHECKLIST

Standard Information

This basic information is required for all quote requests:

- Group Name
- Group Address & Zip Code
- Effective Date
- SIC Code (or industry description if unknown)
- Agent/Agency Name
- Quoting Census
- Any information about current/renewal target rates the group is looking for (if available)

Dental Quotes

This information is required for all dental quote requests:

- Voluntary or Employer-Contributory
- Active PPO, Passive PPO, or Indemnity
- Deductible, Calendar Year Maximum(in/out), Coinsurance(in/out), Endo/Perio Coverage, Out of Network Reimbursement Level, Child Ortho

Vision Quotes

This information is required for all vision quote requests:

- Voluntary or Employer-Contributory
- PPO or Indemnity
- Frequency
- Deductible
- Frames/Contacts/Lenses Benefit Amounts

Basic Life Quotes (employer contributory)

This information is required for all basic life quote requests:

- Census must include employee DOB & gender
- If selecting salary benefit schedule, employee yearly salary must be included
- If selecting class benefit schedule, class designations & amounts must be identified
- If including dependents, spouses & # of children included with amounts requested

Voluntary Life Quotes

This information is required for all voluntary life quote requests:

- Census must include employee DOB & Gender
- If including dependents, spouses DOB & gender & # of children with amounts requested

Short Term Disability Quotes

This information is required for all short term disability quote requests:

- Voluntary or Employer-Contributory
- Census must include employee DOB & gender, and yearly salary
- Percentage of salary or flat benefit amount
- Maximum/Minimum Weekly Benefit Amount
- Maximum Period of Payments
- Elimination Period
- Additional Options that can be requested: partial disability/maternity/pre-existing condition limitation