



Group and Plan Information

| Group Information | |
|---|--------------------------------|
| Group Name: | Desired Effective Date: |
| Address: | City / ZIP / County: |
| Phone: | SIC Code / Nature of Business: |
| Years in Business: | Fed Tax ID: |
| Total # of Eligible Employees: | % Participation: |
| Number of EE's residing Out of Area: | % Turn Over: |
| Location(s) with zip-code: | Number of COBRA Enrollees: |
| Current Health Carrier: | How long? |
| Waiting Period: | Previous Carriers (5 years): |
| Employer Contribution (Medical): Employee | Dependent |
| Employer Contribution(Dental): Employee | Dependent |

| Medical Rates and Plan Information | | | | | |
|------------------------------------|---------------|-------------------|-----------------------|---------------------------|---|
| Plan 1 | Employee Only | Employee + Spouse | Employee + Child(ren) | Family | Description (Carrier, effective date, deductible, coinsurance, HDHP, etc.) |
| Renewal | | | | | |
| Current | | | | | |
| Prior | | | | | |
| Plan 2 | Employee Only | Employee + Spouse | Employee + Child(ren) | Family | Description (Carrier, effective date, deductible, coinsurance, HDHP, etc.) |
| Renewal | | | | | |
| Current | | | | | |
| Prior | | | | | |
| Plan 3 | Employee Only | Employee + Spouse | Employee + Child(ren) | Family | Description (Carrier, effective date, deductible, coinsurance, HDHP, etc.) |
| Renewal | | | | | |
| Current | | | | | |
| Prior | | | | | |
| Health & Wellness Initiatives | | | | Date of Last Health Fair: | Years In Place: |
| | | | | | |

| Dental Rates and Plan Information | | | | | |
|-----------------------------------|---------------|-------------------|-----------------------|--------|-------------|
| Plan 1 | Employee Only | Employee + Spouse | Employee + Child(ren) | Family | Description |
| Renewal | | | | | |
| Current | | | | | |
| Prior | | | | | |
| Plan 2 | Employee Only | Employee + Spouse | Employee + Child(ren) | Family | Description |
| Renewal | | | | | |
| Current | | | | | |
| Prior | | | | | |

| Additional Information |
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| Client Notes: (Please share any additional information that you would like the underwriter to know) |
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