

Premier Advantage Quote Request

Group Information

Proposed Group Name:			
Main Business Address:		State:	Zip:
Current Participation Eligible:		Covered: Other Locations:	
Current Carrier (<i>Effective Dates</i>)	Prior Carrier (<i>Effective Dates</i>)	<input type="checkbox"/> Association <input type="checkbox"/> PEO <input type="checkbox"/> MEWA	Carve-Out: <input type="checkbox"/> National <input type="checkbox"/> Management <input type="checkbox"/> Other
Nature of Business			SIC Code

Proposal Information

Producer Name			
Producer Agency Name		Broker of Record?	How Long?
New Employee Eligibility (1 st of Month Following Employment, etc.)		(Minimum Hours Worked)	Employer Contribution for: Employee: Dependents:
Proposed Effective Date	Proposal Deadline Date		Producer Commission \$23 Per E/E Other:
Currently Self-Funded, Fully-Insured, Other	Reason If Off-Anniversary		Rate Increases: Renewal (Current):
Reason For Proposal Request <input type="checkbox"/> Rates <input type="checkbox"/> Service <input type="checkbox"/> Market Check <input type="checkbox"/> Other:			

Current Plan & Rates

Current Carrier Name		
Census	# Enrolled	Rates
E/E Only		
E/E + Spouse		
E/E + Child or Children		
E/E + Family		

