

GROUP DATA SHEET

(FOR GROUPS WITH 51 (OR MORE) FULL-TIME EMPLOYEES)

* MOST CARRIERS REQUIRE THE FOLLOWING INFORMATION IN ORDER TO PROVIDE QUOTES FOR GROUPS OF 51 OR MORE EMPLOYEES.

* PLEASE ALSO INCLUDE GROUP CENSUS, PAST CLAIMS EXPERIENCE (IF AVAILABLE), AND ANY ANTICIPATED SURGERIES OR HOSPITALIZATION.

Group Name: _____

Location: Primary _____

Other Offices _____

Nature of Business / SIC: _____

Effective Date: _____ Current Carrier: _____

Prior Carriers (5 years): _____

Employer Contribution to: Employee _____ Dependent _____

New hire Waiting period: _____ Total # Employees: _____

Last Year's Rates: (EE) _____ **Current Rates:** (EE) _____ **Renewal Rates:** (EE) _____

(E/S) _____ (E/S) _____ (E/S) _____

(E/C) _____ (E/C) _____ (E/C) _____

(FAM) _____ (FAM) _____ (FAM) _____

Any claims in excess of \$5,000 in the last two years? _____

List causes and current conditions

(Please attach additional health information if necessary): _____

Are there any COBRA Continuees?: _____ How many?: _____

DESIRED BENEFITS:

Medical:

Deductible: _____

Co-Insurance: _____

Stop Loss: _____

Preventive: _____

Drug Card: _____

Co-pay: _____

Desired Network: _____

Dental:

Deductible: _____

Co-Insurance: _____

Ortho: _____

Maximum: _____

Life:

Amount: _____

Dep. Life: _____

STD/LTD:

Elimination Period: _____

Benefit Period: _____

Partial Benefits: _____

Maximum: _____

Broker's Name and Phone Number: _____